

9PCO RM 137

FX - AIR PATROLS

3FZ → DETAILED INSPECTIONS

ICS - MAINTENANCE STEEL, EXPENSE

ICW - " WOOD

HONCUT SUB DOWN TO SOLANO

EAST TO BORDER

115 - 60kV - PURPLE GRN

230 kV - BLUE

LC - LINE CORRECTIVE

TLM -

CT - COE

TLN - LINE, TRANS HQ

CD - THIRD PARTY REIMBURSEMENT

TLP - POLES

DAMAGE CLAIM

TLT - TOWER

TLV - VEGETATION

TLX - NEVER REPLACED
CONTRACTS

STEADY STATE - OCT 2013, NO LONGER HAVE "E"

"E" - 1 yr

1 CIRCUIT UG - ATLANTIC - DEL MAR - 115 kV

- HANDLED BY UG GROUP - MARTIN SUB. LOCATION

- VAULTS

HG

WOODLAND -DAVIS

2/51 - 3/61

OBJECT LIST IN SAP

- E-MAIL FROM SUPERVISOR TO ASSET MANAGEMENT
FOR MULTIPLE LOCATIONS
- SINGLE OBJECT USES "REQUEST TO ADD EQUIP
RECORDS TO THE ASSET REGISTRY"

DIXON - VACA #2

ETL - 6740

DIXON - VACA #1

ETL - 6736

7/16/89 - FOLLOW UP

7/17/89 - ABANDONED FACILITIES - PIC *

WOODLAND

~~DAVIE~~ - DAVIS - 64/0 - GUEST

MICOLAVS TRA

MICOLAVS - PLAINFIELD - 661CV - 23/390 - HSR
IN-N-OUT WOODLAND - 2011 BRUNZE ESTATE DR

- IS CLIMBING GUARD REQUIRED?

- NO STEPS FIRST 15' UP

FITTINGS, STEEL, BENT MEMBERS, MISSING BOLTS

WOOD - DAVIS ETL 4210

? - HOW OFTEN IS OSMOSE SENT FOR VISUAL INSPECTION?
TIME BEFORE TCT 10 yr mark.

- 2001 POLE, 2010 VISUAL

POLE - 14' FROM BOTTOM TO BAD GE

ELAN - 10' FROM BOTTOM TO "

IT REQUIRE TCT? 15 yrs?, 20 yrs?

VALMONT - SELF WEATHERING STEEL POLES

- WHAT TRIGGERS REPLACEMENT?
- HOW DO YOU TEST FOR STEEL PENETRATION?

WOODLAN-DAVIS

1/23 - FOLLOW UP ON SHELL THICKNESS
94%.

4/4 /14

PLACER - DEL MAR 3/10

C - STUBBED LAST T&T - REQUESTED /
TAG FOR STUB

10/22/08 - 2011 OSMOSE

DEL MAR - ATLANTIC #2 2/68

- LAST INSPECTION? GRND INSPECT
- T&T? NOTIFICATIONS FOR REPLACE? YES, REPLACE.
- N - TAG - NON - STUBBABLE -
- IS BUCK POSITION ACCOUNTED FOR? ADDED TO CALC.
- VEG ABOVE GUY. - WIND BLOW IN CONTACT MORE CONSERV.
- CONCERN, CREATED NOTIFICATION
- DETERIORATED HIGH SIGN?

to come

WOOD GRADE B

LINE NAME: Placer-Del Mar

NOTES:

Prepared by Weaver, Jason 1/10/2013

#



N



#2

WOOD GRADE A
CALCULATION SHEETLINE NAME: Placer-Del Mar
POLE #: 10/228
1UNGUED POLE REQUIREMENT:
60 CLASS H1 SET 9 DEEP

LOCATION #: ORDER #: 31034687

ING WARNINGS SAFETY FACTOR= 4.66

POLE SIZING: AUTOMATIC
POLE LENGTH: 60ft
SOIL: MEDIUM(500PSF) RECOMMENDED SETPOLE CAPABILITY NOT
REDUCED

INSULATION DIST:	B,C,D	DEPTH: 9'
LIGHT LOADING DEFLECTION: UNKNOWN		

LOADING BREAKDOWN	90° wind	270° wind
DEFLECTION:	UNKNOWN	UNKNOWN
GUYED LOAD	226 lbs horiz.	226 lbs horiz.
PER PHASE	10369lbs bm	10369lbs bm

LOADING BREAKDOWN	90° wind	270° wind
DEFLECTION:	UNKNOWN	UNKNOWN
GUYED LOAD	226 lbs horiz.	226 lbs horiz.
PER PHASE	10369lbs bm	10369lbs bm

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DEFLECTION:	UNKNOWN	UNKNOWN
GUYED LOAD	226 lbs horiz.	226 lbs horiz.
PER PHASE	10369lbs bm	10369lbs bm

ANCHOR USAGE DATA

A HAS 12004 LBS OF LOAD B IS NOT USED

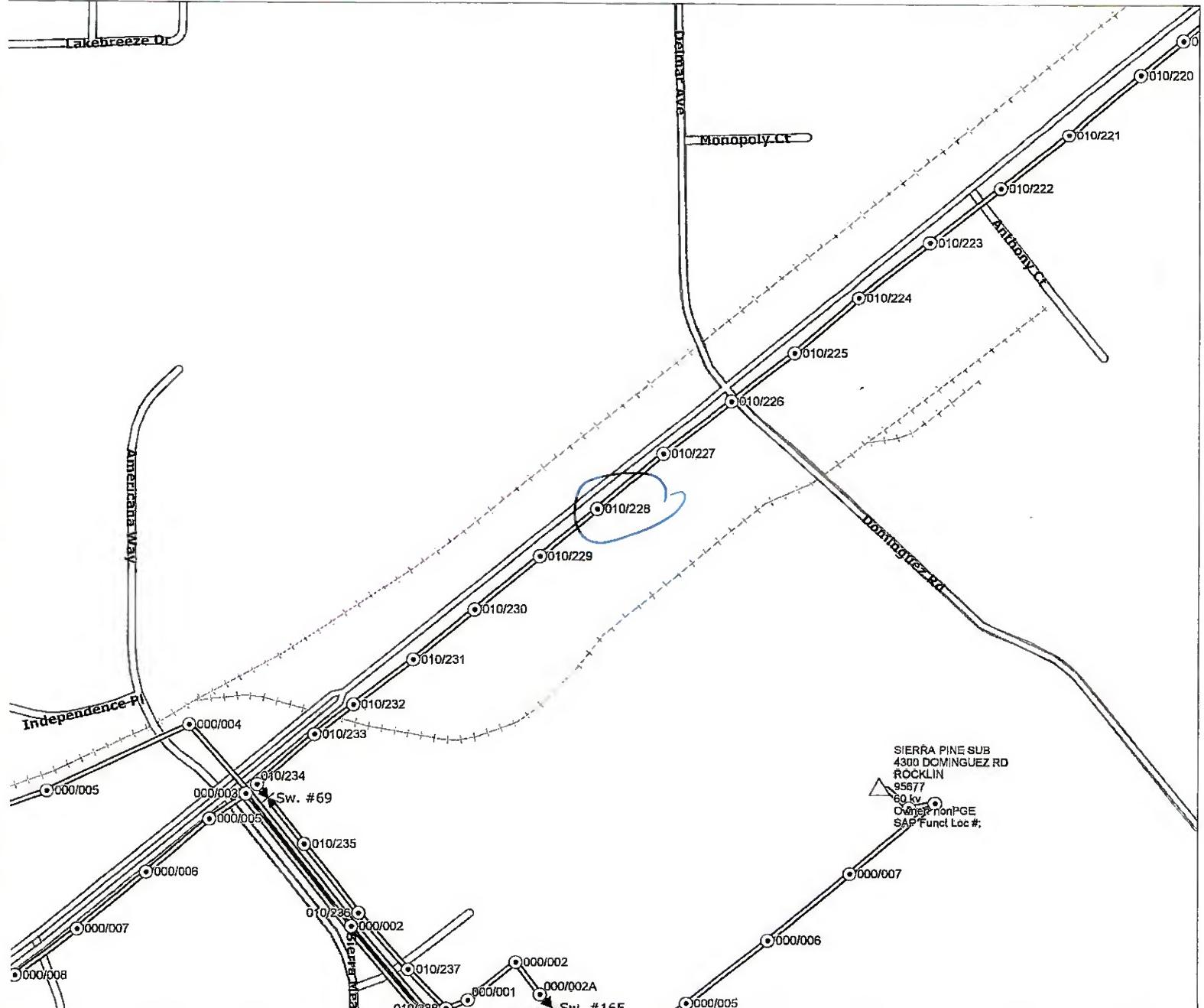
C IS NOT USED D IS NOT USED

E IS NOT USED F IS NOT USED

G IS NOT USED H IS NOT USED

STUB A IS NOT USED STUB B IS NOT USED

DO THEY ACCOUNT FOR CUTOFFS?



N





N



WOOD GRADE ACALCULATION SHEET

LINE NAME: Del Mar-Atlantic #2

POLE #:

2

N/A

TURE WARNINGS

LINE NAME: Del Mar-Atlantic #2

NOTES:

Prepared by Giranis, Chris 3/24/2014

WOOD GRADE A
CALCULATION SHEETPOLE #: 2166
LOCATION #: 1
ORDER #: 30998876A HAS 20899 LBS OF LOAD B IS NOT USED
C IS NOT USED D IS NOT USED
E IS NOT USED F IS NOT USED
G IS NOT USED H IS NOT USEDNG WARNINGS
SAFETY FACTOR= 4.66UNGUYED POLE REQUIREMENT:
65 CLASS H1 SET 9.5' DEEP
POLE LENGTH: 65ft
SOIL: MEDIUM(500PSF)POLE CAPABILITY NOT
REDUCED
RECOMMENDED SET

S FRAMING- T1	LIGHT LOADING DEFLECTION: UNKNOWN	LOAD CASE	CLASS	DEPTH	S.F.	TOTAL LOAD
AHEAD AH-SPAN 209' 53.50'	HEIGHT ANGLE 0 NORMAL (3)	# OF CNDCTRS # OF CNDCTRS CONDUCTOR HT PER-PHASE	DE TENSION 2700 Lbs	GUY LEAD 0' 0.0' 0 lbs	STRUT HEIGHT 0' 0.0' 0 lbs	GUYED LOAD 0 lbs

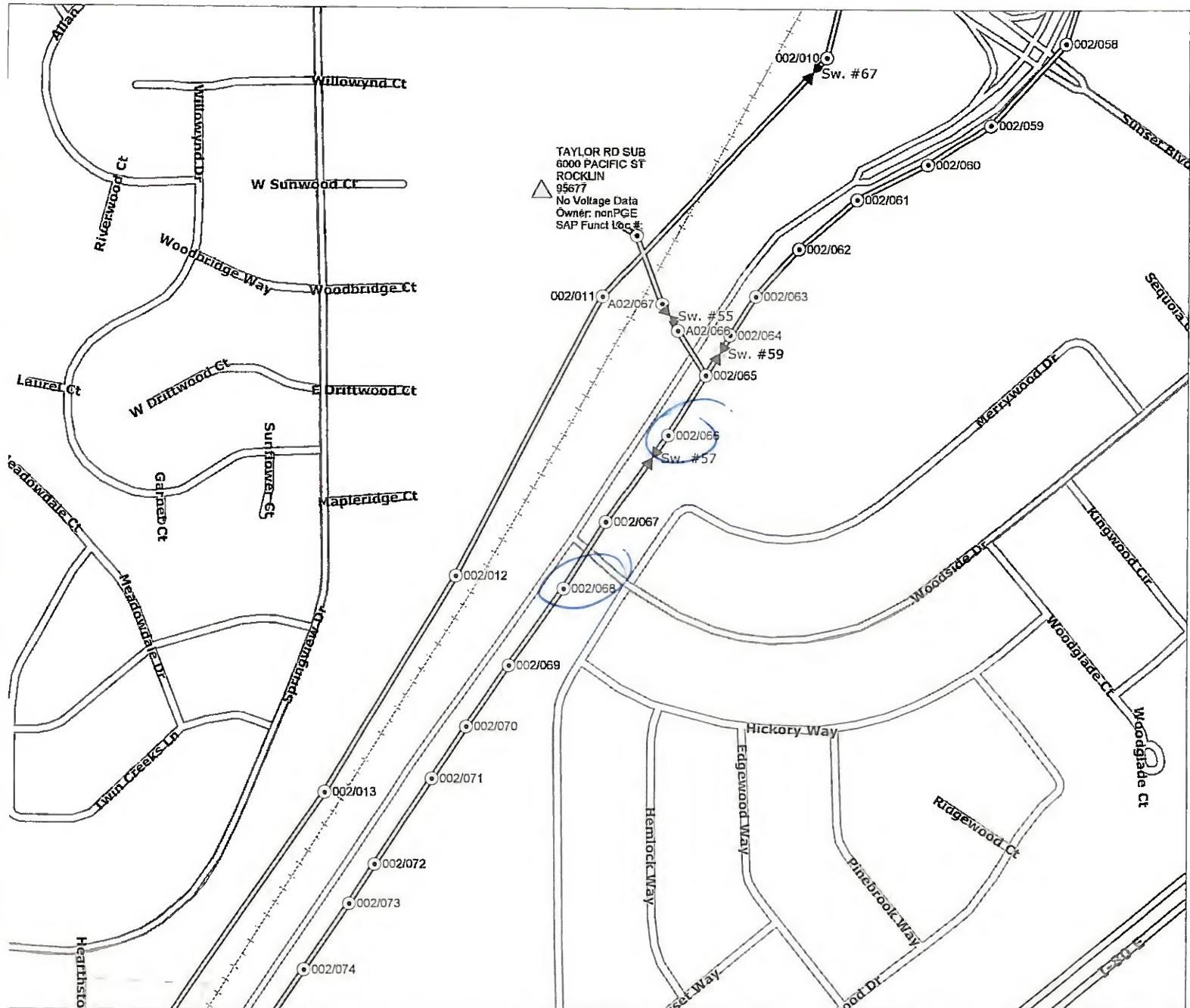
MISSION BACK		BK SPAN	EXTRA HORZ. LOAD OF: 285' Lbs	GUY FACTOR: 0.00	GUY TENSION: 0 lbs	187 lbs Vl 25% of total
RIBUTION 1	AH-SPAN 209' 53.50'	BK SPAN 285' 0'	ANGLE 0	# OF CNDCTRS CONDUCTOR HT 3	GUY FACTOR: 0.00	GUY TENSION: 0 lbs
RIBUTION 2	AH-SPAN 184' 0'	BK SPAN 0'	ANGLE 0	# OF CNDCTRS CONDUCTOR HT 3	GUY FACTOR: 0.00	GUY TENSION: 0 lbs
LLANEous 1	AH-SPAN 0'	BK SPAN 0'	ANGLE 0	# OF CNDCTRS CONDUCTOR HT 0	GUY FACTOR: 3.32	GUY TENSION: 26899 lbs
LLANEous 2	AH-SPAN 0'	BK SPAN 0'	ANGLE 0	# OF CNDCTRS CONDUCTOR HT 0	GUY FACTOR: 0.00	GUY TENSION: 0 lbs
LLANEous 3	AH-SPAN 0'	BK SPAN 0'	ANGLE 0	# OF CNDCTRS CONDUCTOR HT 0	GUY FACTOR: 0.00	GUY TENSION: 0 lbs
LLANEous 4	AH-SPAN 0'	BK SPAN 0'	ANGLE 0	# OF CNDCTRS CONDUCTOR HT 0	GUY FACTOR: 0.00	GUY TENSION: 0 lbs
DUCTOR (0 Wh) (0 Wv) NOT GUYED	BUCK 0'	BUCK 0'	ANGLE 0	# OF CNDCTRS CONDUCTOR HT 0	GUY FACTOR: 0.00	GUY TENSION: 0 lbs
DUCTOR (0 Wh) (0 Wv) NOT GUYED	BUCK 0'	BUCK 0'	ANGLE 0	# OF CNDCTRS CONDUCTOR HT 0	GUY FACTOR: 0.00	GUY TENSION: 0 lbs
DUCTOR (0 Wh) (0 Wv) NOT GUYED	BUCK 0'	BUCK 0'	ANGLE 0	# OF CNDCTRS CONDUCTOR HT 0	GUY FACTOR: 0.00	GUY TENSION: 0 lbs
DUCTOR (0 Wh) (0 Wv) NOT GUYED	BUCK 0'	BUCK 0'	ANGLE 0	# OF CNDCTRS CONDUCTOR HT 0	GUY FACTOR: 0.00	GUY TENSION: 0 lbs

CONDUCTOR WEIGHT DATA CHART		EQUIPMENT	HEIGHT	AREA ft ²	WEIGHT lbs	POSITION
COLD	VERTICAL CURVE KV CHNG. AH SPAN	WEIGHT NONE	0.0'	0.0	0	BUCK
AHEAD NO ICE	0	0.0'	105	NONE	0.0'	0
N/A	0	0.0'	105	NONE	0.0'	0
S. BACK NO ICE	0	0.0'	143	NONE	0.0'	0
N/A	0	0.0'	143	NONE	0.0'	0
DISTRIBUTION 1	0	0.0'	247	NONE	0.0'	0
DISTRIBUTION 2	0	0.0'	92	SIDE NONE	31.60'	0 lbs
CELLANEous 1	0	0.0'	0	SIDE NONE	61-90'	0 lbs
CELLANEous 2	0	0.0'	0	SIDE NONE	80+	0 lbs
CELLANEous 3	0	0.0'	0	SIDE NONE	0-30'	0 lbs
CELLANEous 4	0	0.0'	0	SIDE NONE	0-30'	0 lbs

ELEVATION		ANCHOR USAGE DATA	
9.5	0.0'	A HAS 20899 LBS OF LOAD B IS NOT USED	C IS NOT USED
130°	0.0'	D IS NOT USED	F IS NOT USED
130°	0.0'	G IS NOT USED	H IS NOT USED

TRANS. BACK		TRANS. COLD	
EMRGNCY	46.73°	EMRGNCY	24.12°
130°	46.63°	130°	49.02°
51.33°	27.34°	51.33°	27.85°
23.98°	130°	23.98°	130°
20.65°	#DIV/0!	20.65°	#DIV/0!
130°	#DIV/0!	130°	#DIV/0!

DIST 1		DIST 2	
COLD	26.00°	COLD	26.00°
EMRGNCY	#DIV/0!	EMRGNCY	#DIV/0!
130°	#DIV/0!	130°	#DIV/0!
25.06°	#DIV/0!	25.06°	#DIV/0!





Doyle, Stacie

From: Giranis, Chris
Sent: Friday, April 04, 2014 11:04 AM
To: Williams, Yoko (ET)
Cc: Dominguez, Pete (ET); Peterson, Mike (Trans Ops Support); Stinnett Jr., Chuck; Doyle, Stacie; Hull, Timothy J (ET)
Subject: RE: Delmar Atlantic #2 2/66

It's difficult to determine from my pictures what is actually there. The calculation sheets does show a "miscellaneous 1" which may account for the comm. conductors. I'm unclear about what span guys you are referring to.

Thanks,

Chris Giranis, Pacific Gas and Electric Co. - Transmission Operations T-line Estimating Supervisor-North (R)
Chris.Giranis@pge.com | In: 760.1940 | Ex: 916.760.1940 | Cell: 916-261-1439
850 Stillwater Rd., #2017A - West Sacramento, CA 95605 Working Office Hrs.: M-F, 6:00 a.m. - 2:30 p.m.

-----Original Message-----

From: Williams, Yoko (ET)
Sent: Friday, April 04, 2014 10:54 AM
To: Giranis, Chris
Cc: Dominguez, Pete (ET); Peterson, Mike (Trans Ops Support); Stinnett Jr., Chuck; Doyle, Stacie; Hull, Timothy J (ET)
Subject: Delmar Atlantic #2 2/66

Is phone Cable accounted for on the load Calculations Also are span guys included?

Thanks
Yoko

COPY

COPY

Doyle, Stacie

From: Miller, Eric (ET)
Sent: Friday, April 04, 2014 10:12 AM
To: Williams, Yoko (ET)
Cc: Dominguez, Pete (ET); Doyle, Stacie
Subject: RE: Placer Delmar 0/10
Attachments: Placer-Del Mar_000-010_2011.pdf

All,

You will see that the truss was installed back in 1980. In 2011 when this pole was tested, they would have tested the banding areas to see if it still has good wood. It did. We do not have any information from 1980 of why it was reinforced, just that it has a truss on it. I am assuming that this pole is also in concrete or asphalt as it was a "bore" type test.

-----Original Message-----

From: Williams, Yoko (ET)
Sent: Friday, April 04, 2014 9:21 AM
To: Miller, Eric (ET)
Cc: Dominguez, Pete (ET); Doyle, Stacie
Subject: Placer Delmar 0/10

I need the last PT&T for this pole. It has a c stub

Thank you
Yoko

COPY

OSMOSE®

PACIFIC GAS & ELECTRIC CO. LINE INSPECTION & TREATMENT DETAIL REPORT

Line Name:	PLACER-DEL MAR	Contractor:	Osmose Utilities Services, Inc.	Reference #:	518RM44L	County:	PLACER
Line Code:	60179	Week Ending:	10/29/2011	Crew ID:	518RM	State:	CA
Voltage:	60	Date:	10/29/2011	Foreman:	REY MARTINEZ	Contract #:	
Headquarters:	SACRAMENTO	Job Number:	1005695	Supervisor:	AUDYCKI,JOHN A		

Pole ID 000/010	MFR UNK	YEAR E1945	LENGTH/ CLASS E50/3	SPECIES/ STREAT WC/C	ORIG CIRC 42	EFF CIRC 42	INSPECTION TYPE B ANC GUY	WF Pints 1	BAND N	VELB -	REMARKS AND NOTES
											Small Woodpecker Holes; 10. Medium Woodpecker Holes; 1. Large Woodpecker Holes; 1. RIGHT OF WAY. Previous Cycle Info: Partial Excavate, WoodFume. Year Last Inspected: 2001. Last Inspected By: OSM. Previous Restored Year: 1980. Previous Restoration Method: C-TRUSS. Transmission Pole. Framing Type: TRI-PIN. Struct Type: SWP. Attachment Type: Underbuild. Quantity: 1.
Cust Pole Num: 000/010	SAP : 40656039	12inBGL 0	AtGL 0	15inAGL 0	26inAGL 0	42inAGL 0	54inAGL 0	66inAGL 0			

Inspection Type
Sound & Bore (B)..... 1

Doyle, Stacie

From: Miller, Eric (ET)
Sent: Friday, April 04, 2014 11:02 AM
To: Williams, Yoko (ET)
Cc: Dominguez, Pete (ET); Stinnett Jr., Chuck; Peterson, Mike (Trans Ops Support); Hull, Timothy J (ET); Doyle, Stacie
Subject: RE: PT&T for Delmar Atlantic #2 2/66
Attachments: Del Mar-Atlantic #2_002-066_2012_Non_Restorable_Reject.pdf

002/066 was also a Non_Restorable reject. This pole met shell at the banding levels but did not meet criteria at 66". Due to being under 33% remaining wood strength, this pole was identified as a "priority" reject and notification of it was sent to the local HQ on 11/4/12.

-----Original Message-----

From: Williams, Yoko (ET)
Sent: Friday, April 04, 2014 10:56 AM
To: Miller, Eric (ET)
Cc: Dominguez, Pete (ET); Stinnett Jr., Chuck; Peterson, Mike (Trans Ops Support); Hull, Timothy J (ET); Doyle, Stacie
Subject: PT&T for Delmar Atlantic #2 2/66

Please send 2012 PT&T for the structure

Yoko

COPY

106580293

Osmose®

PACIFIC GAS & ELECTRIC CO.
NON-RESTORABLE REJECT POLES REPORT

Line Name: DEL MAR-ATLANTIC #2
Line Code: 60397
Voltage: 60
Headquarters: SACRAMENTO

Week Ending: 11/03/2012
Date: 11/02/2012
Job Number: 1008001

Reference #: 122RB44
Crew ID: 122RB
Foreman: RONALD BYARF
Supervisor: AUDYCKI,JOHN

County: PLACER
State: CA
Contract #:
ETL: 6170

Pole ID 002/066	MFR KOP	YEAR E1970	LENGTH/ CL E50/2	SPECIES/ TREAT	ORIG CIRC	EFF CIRC	INSP	PRIORITY	REJECT	REST
X: -121.245805, Y: 38.77851			DF/G 42	27.05 X	✓	✓	✓	✓	✓	✓
Location: CO WOODSIDE RD. PACIFIC ST/275 FEET N			Strength Remaining: 27%		0.5	0.75	1	SHELL 12		
					2	3	4	SHELL GL		
					3	4	4	SHELL 15		
					4	4	4	SHELL 26		
					4	4	4	SHELL 42		
					2.95	2.95	2.95	SHELL 54		
								SHELL 66		
								GUY		
								ANCHOR		
								BAND		
								VELB		

Cust Pole Num: 002/066
SAP : 40655762

REMARKS AND NOTES
Primary Reject Reason: Heart
Rot. Heart Rot. Min Shell:
0.5in. > 50 FT FROM CURB.
Previous Cycle Info: Full
Excavate. Year Last Inspected:
1996. Last Inspected By: DDT.
Transmission Pole. Struct
Type: SWP. Framing Type: TW
(60 KV). Note: N TAG
2.95@66IN.UP.

Inspection Type



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

DEL MAR-ATLANTIC #2 02/66 REPL POLE

INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS		INFORMATION BY QCR UPON	
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P			Order# 30996876	
	A = Immed/Safety B = Urgt Compliance C = Emergency Restore Service E = Schd Compl Yr 0	F = Schd Compl Yr 1+ G = Maintenance Compliance P = System Repair/Improvement			Created Notification # 106580293
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION		
<input checked="" type="checkbox"/> Pole (SW01)	<input checked="" type="checkbox"/> Rotted (CH07)		<input checked="" type="checkbox"/> Replaced (REPL)		
USER STATUSES					
<input checked="" type="checkbox"/> RELEASE WORK - RELW <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
REFERENCE INFO					
ETL#: ETL_6170.POLE.WOOD		CREW CLASS: ETLEQP		WORK TYPE CODE:	
SAP EQUIPMENT #: 40655762		CREW SIZE: 00		372	
FUNCTIONAL LOCATION (LINE NAME): 60397 DEL MAR-ATLANTIC #2+-WOOD POLE		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0			
PLANNER GROUP: TLX		ANTICIPATED MATERIAL COSTS:			
EXECUTION					
REQUIRED END DATE: <i>11/30/2014</i>	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 kV <input type="checkbox"/> 70 kV <input type="checkbox"/> 115 kV <input type="checkbox"/> 230 kV <input type="checkbox"/> 500 kV			
LOCATION DATA (OPTIONAL INFORMATION)					
STREET ADDRESS: Del Mar-Atlantic #2		CITY:		ZIP (if known): 00000	
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION) 031			
COMPLETION DATES					
REPORTED BY (Name and LAN ID): OSMOSE			DATE FOUND (NOTIF DATE): <i>11/03/2012</i>		
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X-St; GPS Coord; more detailed description of work required).					
* 12/12/2012 13:14:28 Helen Sakai (HXS4) Phone 209/942-1606					
* PER OSMOSE REPT, POLE NEEDS TO BE REPLACE					
* _____					
* 01/21/2014 07:59:42 Chris Giranis (CXG3) Phone 916/760-1940					
* 30996876E ADE reviewed and returned to TEC4 for corrections and routing.					
* _____					
* 01/21/2014 08:06:47 Naomi Tamayo (NAV3) Phone 916/760-1959					
* 30996876E SAC RMC DMD RECEIVED THE CITY OF ROCKLIN ENCROACHMENT PERMIT					
* APPLICATION FILED APPLICATION IN DMD, WILL APPLY CLOSER TO CONSTRUCTION					
* DATE: 7/1/14. CREATED DMD FOLLOW UP.					
* _____					



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

DEL MAR-ATLANTIC #2 02/66 REPL POLE

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

* 01/27/2014 12:45:05 Chris Giranis (CXG3) Phone 916/760-1940

* 30996876E Estimate reviewed and forwarded via EDRS to AMT9 for approval.

* -----

* 01/29/2014 18:51:54 Andrew Trombatore (AMT9) Phone 916/760-1910

* JOB APPROVED & SENT TO LAURIE SHOLLER VIA COMPANY MAIL.

*

* -----

* 01/30/2014 13:35:09 Lynnette Marquez-Lupien (L1M4) Phone 916/760-1933

* 30996876 T #SAC RMC DMD RCVD NOTICE OF APPROVED JOB; ENCROACHMENT IS

* THE OUTSTANDING TASK. F/U CREATED FOR PENDING TASK. LFP1 WILL BE NOTIFIED

* WHEN JOB BECOMES RELEASEABLE.

*

*

*

*

* -----

* 02/04/2014 07:54:09 Jason Kwan (J5K7)

* 30996876E Mapping Pre-Post Completed

* -----

* 02/11/2014 10:01:45 Laurie Sholler (LFP1) Phone 559/263-5041

* 30996876 - copies ready for distribution pending completion of tasks

* -----

* 03/18/2014 14:01:38 Charlene McLeod (CMMD) Phone 209/942-1669

* JOB STILL IN PEND STATUS BUT HAS BEEN REVIEWED BY KIICHI

* EMAILED MATERIALS TO RELEASE THE 2 WOOD POLES AND SEND TO SHIFFLETS

Completed by: (Name and LAN ID):	Date: 11/03/2012	Actual Labor-Hours:
Reviewed by (Name and LAN ID):	Date: / /	

Doyle, Stacie

From: Miller, Eric (ET)
Sent: Friday, April 04, 2014 10:57 AM
To: Williams, Yoko (ET)
Cc: Dominguez, Pete (ET); Doyle, Stacie; Stinnett Jr., Chuck; Peterson, Mike (Trans Ops Support)
Subject: RE: Delmar Atlantic #2 PT&T 2/68
Attachments: Del Mar-Atlantic #2_002-068_2012_Non_Restorable_Reject.pdf

This pole was identified in 2012 as a "Non_Restorable" reject due to insufficient shell at banding levels and a void at 66" leaving less than 4" of shell. This pole was sent to Victor for replacement.

-----Original Message-----

From: Williams, Yoko (ET)
Sent: Friday, April 04, 2014 10:33 AM
To: Miller, Eric (ET)
Cc: Dominguez, Pete (ET); Doyle, Stacie; Stinnett Jr., Chuck; Peterson, Mike (Trans Ops Support)
Subject: Delmar Atlantic #2 PT&T 2/68

Please provide PT&T for this pole

Thanks
Yoko

1065 80294

COPY

OsMose®

PACIFIC GAS & ELECTRIC CO. NON-RESTORABLE REJECT POLES REPORT

Line Name: DEL MAR-ATLANTIC #2
 Line Code: 60397
 Voltage: 60
 Headquarters: SACRAMENTO

Week Ending: 11/03/2012
 Date: 11/02/2012
 Job Number: 1008001

Reference #: 122RB441
 Crew ID: 122RB
 Foreman: RONAL BYARD
 Supervisor: AUDYCKI JOHN A
 County: PLACER
 State: CA
 Contract #: ETL: 6170

Pole ID 002/068	MFR KOP E1969	YEAR E65/1	LENGTH/ CLASS 42	SPECIES/ TREAT ORIG CIR X	FFRC INSP Y	PRIORITY REJECT REST 2	SHELL 12 SHELLGL SHELL 15 SHELL 26 SHELL 42 SHELL 54 SHELL 66 GUY ANCHOR BAND VELB	Strength Remaining: 56%	REMARKS AND NOTES	
									Reference #: 122RB441 Crew ID: 122RB Foreman: RONAL BYARD Supervisor: AUDYCKI JOHN A County: PLACER State: CA Contract #: ETL: 6170	Primary Reject Reason: Heart Rot Above, Heart Rot, Min Shell: 1.5in. > 50 FT FROM CURB. Previous Cycle Info: Rejected Last Cycle, Year Last Inspected: 1996. Last Inspected By: DDT. Transmission Pole, Struct Type: SWP, Framing Type: TRI-PIN Note: N TAG 2.95IN @ 65IN
X:-121.246827, Y: 38.777353									0 0 0 0	=====
Location: CO PXCIFIC ST. WOODSIDE/50 FEET S									0 0 0 0	

Inspection Type
 Excavated Reject (X) 1



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

DEL MAR-ATLANTIC #2 02/68 REPL POLE

INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS		INFORMATION BY QCR UPON	
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0				Order# 30996876
					Created Notification # 106580294
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION		
<input checked="" type="checkbox"/> Pole (SW01)	<input checked="" type="checkbox"/> Rotted (CH07)		<input checked="" type="checkbox"/> Replaced (REPL)		
USER STATUSES					
<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFERENCE INFO					
ETL#: ETL.6170.POLE.WOOD		CREW CLASS: ETLEQP		WORK TYPE CODE: 372	
SAP EQUIPMENT #: 40581758		CREW SIZE: 00			
FUNCTIONAL LOCATION 60397 DEL MAR-ATLANTIC #2+-WOOD (LINE NAME): POLE		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0			
PLANNER GROUP: TLX		ANTICIPATED MATERIAL COSTS:			
EXECUTION					
REQUIRED END DATE: 11/30/2014	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV			
LOCATION DATA (OPTIONAL INFORMATION)					
STREET ADDRESS:	CITY:	ZIP (if known): 00000			
DIVISION CODE (LOCATION): SA	COUNTY CODE (PLANT SECTION) 031				
COMPLETION DATES					
REPORTED BY (Name and LAN ID): OSMOSE			DATE FOUND (NOTIF DATE): 11/03/2012		
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St; GPS Coord; more detailed description of work required). * 12/12/2012 13:15:36 Helen Sakai (HXS4) Phone 209/942-1606					
* PER OSMOSE REPT, POLE NEEDS TO BE REPLACE					
Completed by: (Name and LAN ID):	Date: 11/03/2012	Actual Labor-Hours:			
Reviewed by (Name and LAN ID):	Date: / /				



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

DEL MAR ATLANTIC #2 2/68 TRIM TREE

INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS		INFORMATION BY QCR UPON	
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P			Order# 42102274	
	A = Immed/Safety B = Urgt Compliance C = Emergency Restore Service E = Schd Compl Yr 0	F = Schd Compl Yr 1+ G = Maintenance Compliance P = System Repair/Improvement			Created Notification # 107934592
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION		
	<input checked="" type="checkbox"/> Loose (LOOS)		<input checked="" type="checkbox"/> Repaired (REPA)		
USER STATUSES					
<input checked="" type="checkbox"/> CPUC AUDIT - CPUA <input checked="" type="checkbox"/> OVERHEAD - OH <input checked="" type="checkbox"/> OTHER - OTHR <input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
REFERENCE INFO		CREW CLASS: ETLEQP	WORK TYPE CODE: 630		
ETL#: ETL.6170.POLE.WOOD	SAP EQUIPMENT #: 40581758	CREW SIZE: 00			
FUNCTIONAL LOCATION (LINE NAME): 60397 DEL MAR-ATLANTIC #2+-WOOD POLE	ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0			ANTICIPATED MATERIAL COSTS:	
PLANNER GROUP: TLN					
EXECUTION					
REQUIRED END DATE: 04/04/2015	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV			
LOCATION DATA (OPTIONAL INFORMATION)					
STREET ADDRESS:	CITY:	ZIP (if known): 00000			
DIVISION CODE (LOCATION): SA	COUNTY CODE (PLANT SECTION) 031				
COMPLETION DATES					
REPORTED BY (Name and LAN ID): John Hudgins (JTH3)			DATE FOUND (NOTIF DATE): 04/04/2014		
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).					
* 04/04/2014 12:56:07 Christina Dangerfield (CLD9) Phone 916/386-5422					
* - Voltage : 60 KV					
* - Structure ID : 002/068					
*					
* CLEAR TREE FROM ABOVE GUY BOB.					
*					
* _____					
* 04/04/2014 12:57:24 John Hudgins (JTH3) Phone 916/386-5431					
* Clear tree from above guy bob. CPUC audit.					
Completed by: (Name and LAN ID):		Date: 04/04/2014	Actual Labor-Hours:		

TURE WARNINGS

WOOD GRADE A
CALCULATION SHEET

LINE NAME: Del Mar-Atlantic #2

POLE #: 2/58

UNGUYED POLE REQUIREMENT:
70' CLASS H1 SET 9.5' DEEPPOLE LOADING REPRESENTS FUTURE CONDITION
LOCATION #: 2
ORDER #: 30998876

ING WARNINGS SAFETY FACTOR = 4.34

POLE SIZING: AUTOMATIC
POLE LENGTH: 70ftINSULATION DIST: LIGHT LOADING DEFLECTION: UNKNOWN
SOIL: MEDIUM(500PSF) RECOMMENDED SETPOLE CAPABILITY NOT
POLE LENGTH: REDUCEDS FRAMING: T1
AHEAD AH SPAN HEIGHT ANGLE # OF CNDCTRS DE TENSION GUY LEAD STRUT HEIGHT GUYED LOAD0.649 WH (0.672 WV) NOT GUYED
MISSION BACK BK SPAN ANGLE # OF CNDCTRS CONDUCTOR HT GUY LEAD STRUT HEIGHT GUYED LOAD0.649 WH (0.672 WV) NOT GUYED
RIBUTION 1 AH SPAN BK SPAN ANGLE # OF CNDCTRS CONDUCTOR HT GUY LEAD STRUT HEIGHT GUYED LOAD0.649 WH (0.672 WV) NOT GUYED
RIBUTION 2 AH SPAN BK SPAN ANGLE # OF CNDCTRS CONDUCTOR HT GUY LEAD STRUT HEIGHT GUYED LOAD0.649 WH (0.672 WV) NOT GUYED
BUCK 126' 0' 0 3 41.0° 19° 0° 0 lbs0.649 WH (0.672 WV) NOT GUYED
BUCK 219' 167' 0 3 44.0° 0° 0° 0 lbs0.649 WH (0.672 WV) NOT GUYED
BUCK 167' 0' 0 3 36.0° 13° 0° 0 lbs0.649 WH (0.672 WV) NOT GUYED
BUCK 167' 0' 0 3 36.0° 13° 0° 0 lbs0.649 WH (0.672 WV) NOT GUYED
LLANEOUS 1 AH SPAN BK SPAN ANGLE # OF CNDCTRS CONDUCTOR HT GUY LEAD STRUT HEIGHT GUYED LOAD0.649 WH (0.672 WV) NOT GUYED
BUCK 167' 0' 0 3 36.0° 13° 0° 0 lbs0.649 WH (0.672 WV) NOT GUYED
BUCK 167' 0' 0 3 36.0° 13° 0° 0 lbs0.649 WH (0.672 WV) NOT GUYED
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BUCK 167' 0' 0 3 36.0° 13° 0° 0 lbs0.649 WH (0.672 WV) NOT GUYED
BUCK 167' 0' 0 3 36.0° 13° 0° 0 lbs

NOTES:

TEMPU- RATURE	TO BTWN. GROUND WIRES
EMGNCY	50.59°
TRANS. AHEAD	11830
TRANS. BACK	11830

DIST 1	EMGNCY	#DIV/0!
TRANS. AHEAD	130°	30.00°
COLD	30.00°	#DIV/0!

DIST 2	EMGNCY	#DIV/0!
TRANS. AHEAD	130°	#DIV/0!
COLD	#DIV/0!	

BACK SPAN CLEARANCES	TEMPU- RATURE	TO BTWN. GROUND WIRES
EMGNCY	52.56°	
TRANS. AHEAD	130°	52.47°
COLD	56.60°	

DIST 1	EMGNCY	#DIV/0!
TRANS. BACK	130°	39.66°
COLD	40.49°	

DIST 2	EMGNCY	#DIV/0!
TRANS. BACK	130°	#DIV/0!
COLD	#DIV/0!	

ANCHOR USAGE DATA

A HAS 32691 LBS OF LOAD B IS NOT USED

C IS NOT USED D IS NOT USED

E IS NOT USED F IS NOT USED

G IS NOT USED H IS NOT USED

STUB A IS NOT USED STUB B IS NOT USED



40E, 147' CAT 5A 04R 2D

PROCEDURE

Prepared by Giranis, Chris 3/24/2014

TURE WARNINGS

NG WARNINGS

SAFETY FACTOR =

4.66

WOOD GRADE A
CALCULATION SHEET

LINE NAME: Del Mar-Atlantic #2 -

NOTES:

POLE #: 266

LOCATION #: 1

ORDER #: 30996876

CAPABILITY

LOAD CASE

CLASS

DEPTH

S.F.

TOTAL LOAD

N/A

G.L. MOMENT

H1

9.5

4.66

N/A

0 ft/lbs

N/A

G.L. SHEAR

3

9.5

100

0 ft/lbs

N/A

RECOMMENDED SET

REDUCED

POLE LENGTH: 65ft

POLE SIZING: AUTOMATIC

SOIL: MEDIUM(500PSF)

INSULATION DIST: B,C,D

DEPTH: 9.5'

LIGHT LOADING DEFLECTION: UNKNOWN

POLE CAPABILITY NOT

MISSON BACK

AH SPAN

BK SPAN

ANGLE

OF CONDUCTRS

CONDUCTOR HT

GUY LEAD

STRUT HEIGHT

GUYED LOAD

GUY FACTOR:

0.00

GUY TENSION:

0 lbs

GUY LEAD

STRUT HEIGHT

GUYED LOAD

GUY FACTOR:

0.00

GUY TENSION:

0 lbs

GUY LEAD

STRUT HEIGHT

GUYED LOAD

GUY FACTOR:

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GUY TENSION:

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GUY FACTOR:

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GUY TENSION:

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PACIFIC ST X DOMINGUEZ, RODAUN
Prepared by Bross, Kyle 12/4/2014

TURE WARNINGS

NOTES:

LINE NAME:	Placer-Del Mar
POLE #:	10228
UN guyed pole requirement:	80' CLASS H1 SET 9' DEEP
LOCATION #:	1
ORDER #:	31034687

MISSION BACK	BK SPAN	EXTRA HORIZ. LOAD OF:	PER PHASE	DE TENSION	GUY LEAD	STRUT HEIGHT	GUYED LOAD	CAPABILITY	LOAD CASE	CLASS	DEPTH	S.F.	TOTAL LOAD
AHEAD	AH SPAN	HEIGHT	ANGLE	# OF CNDCTRS	DE TENSION	GUY LEAD	STRUT HEIGHT	GUYED LOAD	G.L. MOMENT	H1	9	4.66	43894 lbs
	232'	41.83'		NORMAL (3)	2700 lbs	0.0'	0.0'	0 lbs	G.L. SHEAR	3	9	100	N/A

MISSION BACK	BK SPAN	EXTRA HORIZ. LOAD OF:	PER PHASE	DE TENSION	GUY LEAD	STRUT HEIGHT	GUYED LOAD	CAPABILITY	LOAD CASE	CLASS	DEPTH	S.F.	TOTAL LOAD
AHEAD	AH SPAN	HEIGHT	ANGLE	# OF CNDCTRS	DE TENSION	GUY LEAD	STRUT HEIGHT	GUYED LOAD	G.L. MOMENT	H1	9	4.66	43894 lbs
	232'	41.83'		NORMAL (3)	2700 lbs	0.0'	0.0'	0 lbs	G.L. SHEAR	3	9	100	N/A

NG WARNINGS SAFETY FACTOR= 4.66

POLE SIZING: AUTOMATIC

POLE LENGTH: 60ft

INSULATION DIST: B,C,D

DEPTH: 9

RECOMMENDED SET

POLE CAPABILITY NOT REDUCED

LOADING BREAKDOWN

80° wind 226 lbs horiz.

226 lbs horiz. 226 lbs horiz.

10389 lbs bm 10389 lbs bm

180 lbs v 24% of total

90° wind 244 lbs horiz.

244 lbs horiz. 244 lbs horiz.

11240 lbs bm 11240 lbs bm

196 lbs v 26% of total

90° wind 245 lbs horiz.

245 lbs horiz. 245 lbs horiz.

7556 lbs bm 7556 lbs bm

3191 lbs v 17% of total

90° wind 226 lbs horiz.

226 lbs horiz. 226 lbs horiz.

7001 lbs bm 7001 lbs bm

86 lbs v 16% of total

90° wind 0 lbs horiz.

0 lbs horiz. 0 lbs horiz.

0 lbs v 0% of total

90° wind 0 lbs horiz.

0 lbs horiz. 0 lbs horiz.

0 lbs v 0% of total

90° wind 0 lbs horiz.

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0 lbs v 0% of total

90° wind 0 lbs horiz.





Corrective Work Form
Electric Transmission
Line

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

DRUM-RIO OSO#2 010/109A REPL POLE"RT"

INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS		INFORMATION BY QCR UPON	
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety B = Urgt Compliance C = Emergency Restore Service E = Schd Compl Yr 0 F = Schd Compl Yr 1+ G = Maintenance Compliance P = System Repair/Improvement			Order# 31005630 Created Notification # 106580349	
	COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION	
<input checked="" type="checkbox"/> Pole (SW01)	<input checked="" type="checkbox"/> Rotted (CH07)		<input checked="" type="checkbox"/> Replaced (REPL)		
USER STATUSES					
<input checked="" type="checkbox"/> RELEASE WORK - RELW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFERENCE INFO			CREW CLASS: ETLEQP		WORK TYPE CODE:
ETL#: ETL.1430.POLE.WOOD			CREW SIZE: 00		372
SAP EQUIPMENT #: 41162719			ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0		
FUNCTIONAL LOCATION 10056 DRUM-RIO OSO #2-WOOD POLE (LINE NAME):			ANTICIPATED MATERIAL COSTS:		
PLANNER GROUP: TLX					
EXECUTION					
REQUIRED END DATE: 11/30/2014	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV			
LOCATION DATA (OPTIONAL INFORMATION)					
STREET ADDRESS: DRUM-RIO OSO #2 115KV		CITY:		ZIP (if known): 00000	
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION)		029	
COMPLETION DATES					
REPORTED BY (Name and LAN ID): OSMOSE			DATE FOUND (NOTIF DATE): 11/03/2012		
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).					
* 12/12/2012 13:40:50 Helen Sakai (HXS4) Phone 209/942-1606					
* PER OSMOSE REPT, POLE NEEDS TO BE REPLACE					
* _____					
* 09/30/2013 13:14:09 Ana Bellestri (AKL8) Phone 916/760-1919 XXXX					
* 31005630E SAC RMC DMD WAS CC'D ON DM1; CREATED DMD F/U TASK.					
* _____					
* _____					
* 10/01/2013 09:55:01 Sandra Imel (SLI3) Phone 916/760-5311					
* 31005630 approved edrs - trued construction - confirmed estimating and					
* released materials in FFE					
* _____					

COPY



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

DRUM-RIO OSO#2 010/109A REPL POLE"RT"

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

* 10/03/2013 09:02:04 Michael Kartz (MLK8) Phone 916/760-1935

* 31005630E Job approved & sent to Laurie Sholler via Company mail.

*

*

* 10/03/2013 09:45:39 Naomi Tamayo (NAV3) Phone 916/760-1959

* 31005630E SAC RMC DMD RECEIVED THE DM3, ENVIRO ISSUES RESOLVED. PER THE

* TASK SCREEN THE JOB IS READY TO BE RELEASED. SENT DM8 TO LFP1.

*

* 10/08/2013 14:46:46 Kyle Rollins (KARQ) Phone 530/889-5157

* 31005630E Mapping Pre-Post Completed

*

* 10/17/2013 16:25:26 Laurie Sholler (LFP1) Phone 559/263-5041

* 31005630 - environmental review complete, copies to Charlene McLeod

*

* 10/29/2013 09:27:50 Charlene McLeod (CMMD) Phone 209/942-1669

* **JOB SHOULD BE WORKED IN CONJUNCTION WITH PM 30771431 FOR THE "LFT"

* POLE

*

* 10/29/2013 10:25:10 Cory Johnson (CLS9) Phone 530/889-3212

* 31005630E Mapping Received As-Built package

*

* 12/03/2013 14:52:48 Charlene McLeod (CMMD) Phone 209/942-1669

* EMAILED MATERIALS TO RELEASE THE 1 STEEL POLE AND SEND TO SHIFFLETS

Completed by:

(Name and LAN ID):

Date: 11/03/2012

Actual Labor-Hours:

Reviewed by

(Name and LAN ID):

Date: / /

COE

Doyle, Stacie

Subject: CPUC Data Request - Item 6

Priority Codes – Prior to 10/1/2013

Data Request Description	Data
Provide a description of your priority system for correcting deficiencies.	A – Within 30 Days B ~ Within 90 Days E - Within 1 Year F - Within 2 Years

Priority Codes - After 10/1/2013

Data Request Description	Data
Provide a description of your priority system for correcting deficiencies.	A – Within 30 Days B ~ Within 90 Days E ~ Within 1 Year



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

DEL-MAR-ATLANTIC #2 0/1 RPR SWITCH ROD (F)

INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS		INFORMATION BY QCR UPON	
<input checked="" type="checkbox"/> LC Notification		PRIORITY CHOICES: <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety B = Urgt Compliance C = Emergency Restore Service E = Schd Compl Yr 0		Order# 41863043 F = Schd Compl Yr 1+ G = Maintenance Compliance P = System Repair/Improvement Created Notification # 106803338	
COMPONENT TYPE		DAMAGE CODE	CAUSE CODE	ACTION	
<input checked="" type="checkbox"/> Operating Assembly (SH14)		<input checked="" type="checkbox"/> Broken (MC02)		<input checked="" type="checkbox"/> Repaired (REPA) <input checked="" type="checkbox"/> Completed (ZZ02)	
USER STATUSES					
<input checked="" type="checkbox"/> COMPLETED - COMP <input checked="" type="checkbox"/> RELEASE WORK - RELW <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
REFERENCE INFO					
ETL#: ETL.6170.POLE.WOOD SAP EQUIPMENT #: 40598419			CREW CLASS: ETLEQP CREW SIZE: 00	WORK TYPE CODE: 623	
FUNCTIONAL LOCATION (LINE NAME): 60397 DEL MAR-ATLANTIC #2+-WOOD POLE			ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0		
PLANNER GROUP: TLN			ANTICIPATED MATERIAL COSTS:		
EXECUTION					
REQUIRED END DATE: 03/07/2013	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV			
LOCATION DATA (OPTIONAL INFORMATION)					
STREET ADDRESS:	CITY:		ZIP (if known): 00000		
DIVISION CODE (LOCATION): SA	COUNTY CODE (PLANT SECTION)		031		
COMPLETION DATES					
REPORTED BY (Name and LAN ID): Richard Bimson (RBB8)			DATE FOUND (NOTIF DATE): 03/07/2013		
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).					
* 03/08/2013 07:04:19 Christina L. Dangerfield (CLD9) Phone 916/386-5422					
* REPAIR BROKEN SWITCH ROD, SWITCH 29.					
* _____					
* PER RICK BIMSON, RBB8, COMPLETED 3/7/13.					
* _____					
Completed by: Richard Bimson (RBB8) (Name and LAN ID):		Date: 03/07/2013	Actual Labor-Hours:		
Reviewed by (Name and LAN ID):		Date: / /			

RO CICLIN

COPY

OSMOSE®

PACIFIC GAS & ELECTRIC CO. LINE INSPECTION & TREATMENT DETAIL REPORT

Line Name: DEL MAR-ATLANTIC #2
 Line Code: 60397
 Voltage: 60
 Headquarters: SACRAMENTO

Week Ending: 11/03/2012
 Date: 11/02/2012
 Job Number: 1008001

Reference #: 122RB441
 Crew ID: 122RB
 Foreman: RONALD BYARD
 Supervisor: AUDYCKI,JOHN A

County: PLACER
 State: CA
 Contract #: ETL: 6170

Pole ID	MFR KOP	YEAR 1978	LENGTH/ CLASS 65/1	SPECIES/ TREAT	INSP TYPE A 2	GUY 1.5	WF Pints	BAND	VELB	REMARKS AND NOTES
X-121.236 01/048	KOP Y: 38.782842	54	54	DF/G	ORIG CIR	EFF CIR	T	2	.	> 50 FT FROM CURB. Previous Cycle Info: Full Excavate. Year Last Inspected: 1996. Last Inspected By: DDT. Transmission Pole. Framing Type: 3-HP (60 KV). Struct Type: SWP. Attachment Type: Underbuild. Quantity: 1. Attachment Type: CATV. Quantity: 1.

Cust Pole Num: 001/048
 SAP: 40757870
 12inBGL 0 AtGL 0 15inAGL 0 26inAGL 0 42inAGL 0 54inAGL 0 66inAGL 0
 1

Inspection Type
 External Treat (T)

LOST AVE X WINDING LN ; PROCLIN



Requested skew thickness of pole 4/3 fuel
Osmose®

Copy Copy 4/4/14

**PACIFIC GAS & ELECTRIC CO.
INSPECTION & TREATMENT DETAIL REPORT**

Line Name: WOODLAND-DAVIS
Line Code: 10359
Voltage: 115
Headquarters: SACRAMENTO

Contractor: Osmose Utilities Services, Inc.
Week Ending: 12/11/2010
Date: 12/09/2010
Job Number: 1003826

Reference #: 518RM50H
Crew ID: 518RM
Foreman: REY MARTINEZ
Supervisor: AUDYCKI,JOHN A

County: YOLO
State: CA
Contract #:

Pole ID X:-121.745162, Y: 38.680873	MFR MKB 1964	YEAR 60/1	LENGTH/ CLASS		SPECIES/ TREAT DF/P	ORIG 52	EFF 50.91	IRC TD	INSP TYPE A	GUY	WF Pints	BAND BELB	REMARKS AND NOTES
			ORIG 52	EFF 50.91									
Cust Pole Num: 001/023	SAP : T40700606	12inBGL 0 AtGL 0	15inAGL 0	26inAGL 0	42inAGL 0	54inAGL 0	66inAGL 0						3/4 Excavate. Fire Damage. Mechanical Damage-Trimmer. Location: Above Groundline. Depth: 2.0in. Width: 5.5in. Height: 18.0in. Orientation: LOL. Shell Rot. Depth: 0.16in. < 50 FT FROM CURB. Previous Cycle Info: Full Excavate, Internal Treatment, WoodFume. Year Last Inspected: 1999. Last Inspected By: OSM. Transmission Pole. Framing Type: T-1 (115 KV). Struct Type: SWP. Reported Item: Pole - Risers. Reported Item: Joint Use - PGE Underbuild. Note: EXPO IS FD/3/4 DIG-RISER.
			— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	0 0 15 0 0
			====	====	====	====	====	====	====	====	====	====	0 0 15 0 0

Inspection Type
External Treat w/ Decay (TD) 1



650 PAC(FIC ST, FOCAL LN)

CORRECTIVE WORK FORM		PROBLEM DESCRIPTION (Short text - 40 characters maximum): Line Name, Structure #, Work Description, For Repair Report see page 2	
DEL MAR-ATLANTIC #2 A2/66 LOW CONDUCTOR		LINE	
INFORMATION REQUIRED BY GCR		INFORMATION COMPLETED BY FLS	
PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P Order#		ACTION	
COMPONENT TYPE		DAMAGE CODE	CAUSE CODE
<input checked="" type="checkbox"/> LC Notification		E = Schd Committyr0 C = Emergency Response Service B = Urgt Complianc A = Immed/Safety F = Schd Compli Tr1+	G = Maintenance Compliance P = System Repair/Improvement 106839503 Created Notification #
<input checked="" type="checkbox"/> Conductor (CF03)		<input checked="" type="checkbox"/> Clearance (fin) (EL08)	<input checked="" type="checkbox"/> Repaired (REPA)
USER STATUSES		<input checked="" type="checkbox"/> PUT ON HOLD WORK - POW	
REFERENCE INFO		ETL# : ETL-6170.POLE.WOOD SAP EQUIPMENT #: 41118557 FUNCTIONAL LOCATION 60397 DEL MAR-ATLANTIC #2+-WOOD ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (Labor-hours = Crew Size x Hours to Complete - no travel time) 0.0 PLANNER GROUP: TLN ANTICIPATED MATERIAL COSTS:	
EXECUTION		REQUIRED END DATE: 03/30/2014 MAIN WORK CENTER: SACTO - Sacramento VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV LOCATION DATA (OPTIONAL INFORMATION) STREET ADDRESS: CITY: ZIP (if known): 00000 COMPLETION DATES REPORTED BY (Name and LAN ID): Richard Blimson (RBB8) DATE FOUND (NOTE DATE): 03/17/2013 COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St/GPS Coords; more detailed description of work required). * 03/19/2013 11:10:36 Chisitina L. Dangerfield (CLD9) Phone 916/386-5422 * LOW CONDUCTOR 32' 03" OVER RAILROAD TRACKS, 34 REQ. * 01/13/2014 09:43:56 Stage Doyle (SRF5) Phone 916/778-8453 PER TIM HUDGINS CHANGED WTC FROM 628 TO 400 Completed by: Date: 03/17/2013 Actual Labor-Hours: Name and LAN ID): Reveived by Date: / / (Name and LAN ID): Reveived by Date: / / (Name and LAN ID):	

100

	Corrective Work Form Electric Transmission Line	PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2		
		DIXON-VACA #2 018/390 REPL POLE F		
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON	
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P	F = Schd Compl Yr 1+ G = Maintenance Compliance P = System Repair/Improvement		Order# 30885057
	A = Immed/Safety B = Urgt Compliance C = Emergency Restore Service E = Schd Compl Yr 0			Created Notification # 105191060
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION	
<input checked="" type="checkbox"/> Pole (SW01)	<input checked="" type="checkbox"/> Rotted (CH07)		<input checked="" type="checkbox"/> Assessed (ASSS) <input checked="" type="checkbox"/> Completed By : (COMP) <input checked="" type="checkbox"/> Replaced (REPL)	
USER STATUSES				
<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
REFERENCE INFO				
ETL#: ETL.6740.POLE.WOOD	CREW CLASS: ETLEQP		<u>WORK TYPE CODE:</u>	
SAP EQUIPMENT #: 40665514	CREW SIZE: 03		372	
FUNCTIONAL LOCATION 60067 DIXON-VACA #2+-WOOD POLE (LINE NAME):	<u>ESTIMATED TOTAL LABOR-HOURS TO COMPLETE:</u> (labor-hours = Crew Size x Hours to Complete - no travel time) 2.0			
PLANNER GROUP: TLX	<u>ANTICIPATED MATERIAL COSTS:</u>			
EXECUTION				
REQUIRED END DATE: 03/30/2014 ✓	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE:	<input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)				
STREET ADDRESS: SALMON CREEK TAP	CITY: SAN JOSE	ZIP (If known): 95101		
DIVISION CODE (LOCATION): SA	COUNTY CODE (PLANT SECTION) 048			
COMPLETION DATES				
REPORTED BY (Name and LAN ID): OSMOSE	DATE FOUND (NOTIF DATE): 11/13/2010 ✓			
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).				
* 01/27/2011 09:46:36 Helen Sakai (HXS4) Phone 209/942-1669				
* PER OSMOSE REPORT, REPLACE POLE.				
C _____				
* 01/11/2012 13:14:50 Donna K. Thorne (DKT1) Phone 831/633-6935 Data				
Cleansing: Move Req End Date to 11/30/2015.				
C _____				
* 02/22/2012 14:33:59 Katie E. Martin (KEO9) Phone 916/408-3292 After further review of pole process, the superintendents have decided to move #pole# (TLX/372/400) notifications back to original date to allow the contract group to manage.				
* _____				

COPY

TREMONT RD X ROBBEN RD, DIXON ~~K/VAC~~
MIDDLE OF FIELD
SOUTH OF I-80



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

DIXON-VACA #2 018/390 REPL POLE

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

* 10/10/2012 10:52:01 Angie L. Luz (ALCI) Phone 530/906-0293

* Reassess notification no -000106240214

* 11/14/2012 13:08:11 Christina L. Dangerfield (CLD9) Phone 916/386-5422

* SACRAMENTO T-LINE JOHN HANDY, JEH6, REASSESS THIS NOTIFICATION

11/14/12 AND POSTPONE THE REQUIRED END DATE UNTIL NEX PATROL 3/30/14. NO

SAFETY OR RELIABILITY ISSUE AT THIS TIME.

*

* 11/22/2013 13:37:46 Charlene McLeod (CMMD) Phone 209/942-1669

* ILB REPLACED POLE ON 11/21/2013 PER INSPECTOR JOHN LOPEZ

Completed by: **ILB**

(Name and LAN ID):

Date: **11/21/2013**

Actual Labor-Hours:

Reviewed by

(Name and LAN ID):

Date: **/ /**

2-4

Subject: CPUC Data Request - Item 6

Priority Codes – Prior to 10/1/2013

	Data Request Description		Data
	Provide a description of your priority system for correcting deficiencies.		A – Within 30 Days B – Within 90 Days E – Within 1 Year F – Within 2 Years

Priority Codes - After 10/1/2013

	Data Request Description		Data
	Provide a description of your priority system for correcting deficiencies.		A – Within 30 Days B – Within 90 Days E – Within 1 Year

- DIDN'T WANT REASSESSING TAGS SO NO MORE "F"
- BACK LOG WILL CONTINUE TO BE RESOLVED

4/2/14

CPLC answer 4/4/14

 Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 RIO OSO-BRIGHTON 12/85 RPR LOOSE STEEL LATE		
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS		INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification		PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety B = Urgt Compliance C = Emergency Restore Service E = Schd Compl Yr 0 F = Schd Compl Yr 1+ G = Maintenance Compliance P = System Repair/Improvement		Order# 41976608 Created Notification # 105994882
COMPONENT TYPE		DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Bolts (SS09)		<input checked="" type="checkbox"/> Missing (MC15)		<input checked="" type="checkbox"/> Repaired (REPA)
USER STATUSES				
<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO				
ETL#: ETL.5600.TOWR		CREW CLASS: ETLEQP		WORK TYPE CODE:
SAP EQUIPMENT #: 40761600		CREW SIZE: 00		543
FUNCTIONAL LOCATION 20132 RIO OSO-BRIGHTON+-TOWER (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0		
PLANNER GROUP: TLM		ANTICIPATED MATERIAL COSTS:		
EXECUTION				
REQUIRED END DATE: 05/31/2014		MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)				
STREET ADDRESS:		CITY:	ZIP (if known): 00000	
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION): 031		
COMPLETION DATES				
REPORTED By (Name and LAN ID): William Beard (WXB7)			DATE FOUND (NOTIF DATE): 03/22/2012	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X ST; GPS Coord; more detailed description of work required).				
* 04/02/2012 10:48:02 Christina L. Dangerfield (CLD9) Phone 916/386-5422 * REPLACE MISSING BOLTS OR REMOVE STEEL. * _____ * _____ * 01/24/2013 12:19:07 Angie L. Luz (ALCI) Phone 530/906-0293 * Reassess notification no -000106656026 * 02/27/2013 14:30:54 Christina L. Dangerfield (CLD9) Phone 916/386-5422 * NOTIFICATION REASSESSED BY JOHN HANDY, JEH6, 2/20/13 AND POSTPONE THE REQUIRED END DATE UNTIL NEXT PATROL 5/31/14. NO BUCKET ACCESS, RICE FIELD, NOTE: R.O. BRIGHTON IS THE HOST, BRACKET IS FOR THE R.O. LOCKFORD. NO SAFETY OR RELIABILITY ISSUE AT THIS TIME.				

COPY

- * THIS NOTIFICATION WAS CREATED prior to 10/2013, which is the date that PG&E no longer re-assess TABS.
- * The reassess date was 5/31/14 and this tag was completed on 11/13/13 by G.C. Tower.



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

RIO OSO-BRIGHTON 12/85 RPR LOOSE STEEL

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

* _____

* 11/22/2013 10:04:10 Patrick Coughlin (PWC1) Phone 530/757-5942

* GC TOWER MVC6 COMPLETED REPAIRS ON 11/13/13:

* -REPLACED MISSING BOLTS <(>&<>) TIGHTENED LOOSE BOLTS THROUGHOUT TOWER.

* _____

Completed by: (Name and LAN ID):	<u>Date:</u> 11/13/2013	<u>Actual Labor Hours:</u>
Reviewed by (Name and LAN ID):	<u>Date:</u> / /	

4/21/14

CPWC

answer 41414

 Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text -40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 DIXON-VACA #1 10/228 RPR LEANING POLE <i>LATE</i>		
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS		INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety B = Urgt Compliance C = Emergency Restore Service E = Schd Compl Yr 0 F = Schd Compl Yr 1+ G = Maintenance Compliance P = System Repair/Improvement			Order# 41757136 Created Notification # 104707188
	COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Pole (SW01)	<input checked="" type="checkbox"/> Leaning (MC20)		<input checked="" type="checkbox"/> Adjusted (ADJU) <input checked="" type="checkbox"/> Completed (ZZ02)	
USER STATUSES				
<input checked="" type="checkbox"/> COMPLETED - COMP <input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
REFERENCE INFO				
ETL#: ETL.6730.POLE.WOOD	CREW CLASS: ETLEQP		WORK TYPE CODE:	
SAP EQUIPMENT #: 40825161	CREW SIZE: 00		630	
FUNCTIONAL LOCATION 60066 DIXON-VACA #1+-WOOD POLE (LINE NAME):	ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0			
PLANNER GROUP: TLN	ANTICIPATED MATERIAL COSTS:			
EXECUTION				
REQUIRED END DATE: 03/31/2014 ✓	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV		
LOCATION DATA (OPTIONAL INFORMATION)				
STREET ADDRESS: ROW N/O PEDRICK	CITY: DIXON	ZIP (if known): 95620		
DIVISION CODE (LOCATION):		COUNTY CODE (PLANT SECTION) 048		
COMPLETION DATES				
REPORTED BY (Name and LAN ID): Steve Cooper (SXC9)			DATE FOUND (NOTIF DATE): 03/29/2010	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).				
* 06/02/2010 13:16:15 Patrick W. Coughlin (PWC1) Phone 916/386-5422 * STRAIGHTEN POLE - LEANING 3-4 FT NORTH C ----- * 02/25/2011 11:11:24 Katie E. Martin (KEO9) Phone 916/408-3292 * Reassess notification no -000105220337 * 03/25/2011 11:08:42 Christina L. Dangerfield (CLD9) Phone 916/386-5422 * SACRAMENTO T-LINE JOHN HANDY JEH6 REASSESSED THIS NOTIFICATION ON 3/24/11 AND POSTPONED THE REQUIRED END DATE OUT UNTIL NEXT PATROL 3/31/12, NO SAFETY OR RELIABILITY ISSUE AT THIS TIME. * ----- C -----				

COPY

notification created prior to 10/13
 reassessed date - 3/31/14
 completed 12/26/13

26

26



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

DIXON-VACA #1 10/228 RPR LEANING POLE

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St; GPS Coord; more detailed description of work required).

* 03/05/2012 15:07:13 Stacie R. Doyle (SRF5) Phone 916/772-7044 After further reviews, the superintendents have decided to move notifications back to original required end date

C -----

* 03/06/2012 09:58:04 Angie L. Luz (ALCI) Phone 530/906-0293

* Reassess notification no -000105958398

* 04/02/2012 13:18:19 Christina L. Dangerfield (CLD9) Phone 916/386-5422

* SACRAMENTO T-LINE JOHN HANDY, JEH6 REASSESSED THIS NOTIFICATION 3/29/12

AND POSTPONE THE REQUIRED END DATE UNTIL NEXT PATROL 3/31/13. NO SAFETY OR RELIABILITY ISSUE AT THIS TIME.

* -----

* -----

* 01/24/2013 12:18:49 Angie L. Luz (ALCI) Phone 530/906-0293

* Reassess notification no -000106656006

* 02/28/2013 09:10:17 Christina L. Dangerfield (CLD9) Phone 916/386-5422

* NOTIFICATION REASSESSED BY JOHN HANDY 2/19/13 AND POSTPONE THE REQUIRED END DATE UNTIL NEXT PATROL 3/31/14. NO SAFETY OR RELIABILITY ISSUE AT THIS TIME.

* -----

* -----

* 12/31/2013 09:16:49 Christina Dangerfield (CLD9) Phone 916/386-5422

* PER JIM HOWARD JOHF, COMPLETED 12/26/13, 6 HRS.

* -----

Completed by: (Name and LAN ID):	Date: 12/26/2013	Actual Labor-Hours:
--------------------------------------------	-------------------------	----------------------------

Reviewed by (Name and LAN ID):	Date: / /	
------------------------------------------	------------------	--

4/2/14

C Puc answer 4/4/14

 Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 DIXON-VACA #1 A5/137 RPL 2 ANCHORS LATE																		
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS		INFORMATION BY QCR UPON																
<input checked="" type="checkbox"/> LC Notification		PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety B = Urgt Compliance C = Emergency Restore Service E = Schd Compl Yr 0 F = Schd Compl Yr 1+ G = Maintenance Compliance P = System Repair/Improvement		Order# 30870158 Created Notification # 103686440																
COMPONENT TYPE <input checked="" type="checkbox"/> Anchor (AG10)		DAMAGE CODE <input checked="" type="checkbox"/> Earth covered (CH14)	CAUSE CODE <input checked="" type="checkbox"/> Other (OTHR)	ACTION <input checked="" type="checkbox"/> Replaced (REPL) <input checked="" type="checkbox"/> Completed (ZZ02)																
USER STATUSES <table border="1"> <tr> <td><input checked="" type="checkbox"/> COMPLETED - COMP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/> RELEASE WORK - RELW</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>					<input checked="" type="checkbox"/> COMPLETED - COMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> RELEASE WORK - RELW	<input type="checkbox"/>										
<input checked="" type="checkbox"/> COMPLETED - COMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	
<input checked="" type="checkbox"/> RELEASE WORK - RELW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	
REFERENCE INFO ETL#: ETL.6730.POLE.WOOD SAP EQUIPMENT #: 40612517		CREW CLASS: ETLEQP CREW SIZE: 00	WORK TYPE CODE: 630 FUNCTIONAL LOCATION 60066 DIXON-VACA #1+-WOOD POLE (LINE NAME): PLANNER GROUP: TLN																	
		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0																		
		ANTICIPATED MATERIAL COSTS:																		
EXECUTION <table border="1"> <tr> <td>REQUIRED END DATE: 03/31/2014</td> <td>MAIN WORK CENTER: SACTO - Sacramento</td> <td>VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV </td> </tr> </table>					REQUIRED END DATE: 03/31/2014	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV													
REQUIRED END DATE: 03/31/2014	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV																		
LOCATION DATA (OPTIONAL INFORMATION) STREET ADDRESS: CAL PACIFIC RD CITY: ELMIRA ZIP (if known): 95625 DIVISION CODE (LOCATION): SA COUNTY CODE (PLANT SECTION) 048																				
COMPLETION DATES REPORTED BY (Name and LAN ID): Steve Cooper (SXC9) DATE FOUND (NOTIF DATE): 03/17/2008																				
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).																				
* 02/18/2009 14:12:15 Patrick W. Coughlin (PWC1) Phone 916/386-5422 * -REPLACE 2 ANCHORS AND TRANSFER/REPLACE 4 D. GUYS, GUY MARKERS & CROSBY * CLAMPS * (OLD #B7/160) * 04/03/2009 10:01:57 Patrick W. Coughlin (PWC1) Phone 916/386-5422 * * PER SAC T-LINE BPJ2, REQUIRED END DATE MOVED OUT 1 YEAR TO 3/31/10 C _____ * 03/02/2010 08:58:53 Kathleen E. Martin (KEO9) Phone 916/408-3292 * Reassess notification no -000104603691 * 04/02/2010 08:00:06 Patrick W. Coughlin (PWC1) Phone 916/386-5422																				

COPY

notification created prior to 10/13
 reassess date - 3/31/14
 completed 12/26/13



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

DIXON-VACA #1 A5/137 RPL 2 ANCHORS

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

* 04/02/2010 08:00:06 Patrick W. Coughlin (PWC1) Phone 916/386-5422

*

* SACRAMENTO T-LINE WXB7 REASSESSED THIS TAG ON 3/30/10 AND MOVED THE REQUIRED END DATE OUT 30 DAYS TO 4/30/10; WORK NEEDS TO BE DONE

*

C -----

* 04/08/2010 10:27:31 Kathleen E. Martin (KEO9) Phone 916/408-3292

* Reassess notification no -000104650188

* 05/27/2010 11:23:05 Patrick W. Coughlin (PWC1) Phone 916/386-5422

*

* SACRAMENTO T-LINE BPJ2 REASSESSED THIS TAG ON 5/26/10 AND MOVED THE REQUIRED END DATE OUT TO 8/31/10; NO SAFETY OR RELIABILITY ISSUES AT THIS TIME

*

C -----

* 08/03/2010 12:10:16 Katie E. Martin (KEO9) Phone 916/408-3292

* Reassess notification no -000104775007

* 09/04/2010 07:10:01 Patrick W. Coughlin (PWC1) Phone 916/386-5422

*

* SACRAMENTO T-LINE SXC9 REASSESSED THIS TAG ON 8/31/10 AND MOVED THE REQUIRED END DATE OUT TO 3/31/11; AREA FLAGGED FOR USA; NO SAFETY OR RELIABILITY ISSUES AT THIS TIME

*

C -----

* 02/25/2011 08:02:35 Katie E. Martin (KEO9) Phone 916/408-3292

* Reassess notification no -000105219822

* 03/25/2011 09:11:14 Christina L. Dangerfield (CLD9) Phone 916/386-5422

* SACRAMENTO T-LINE JOHN HANDY JEH6 REASSESSED THIS NOTIFICATION ON 3/24/11 AND POSTPONED THE REQUIRED END DATE OUT UNTIL NEXT PATROL 3/31/12, NO SAFETY OR RELIABILITY ISSUE AT THIS TIME.

*

C -----

* 03/05/2012 15:06:21 Stacie R. Doyle (SRF5) Phone 916/772-7044 After

further reviews, the superintendents have decided to move notifications back to original required end date

C -----

* 03/06/2012 09:56:44 Angie L. Luz (ALCI) Phone 530/906-0293

* Reassess notification no -000105958290

* 04/02/2012 13:25:07 Christina L. Dangerfield (CLD9) Phone 916/386-5422

* SACRAMENTO T-LINE JOHN HANDY, JEH6 REASSESSED THIS NOTIFICATION 3/29/12 AND POSTPONE THE REQUIRED END DATE UNTIL NEXT PATROL 3/31/13. NO SAFETY OR RELIABILITY ISSUE AT THIS TIME.

*

*

* 01/24/2013 12:18:41 Angie L. Luz (ALCI) Phone 530/906-0293

* Reassess notification no -000106655939

* 02/28/2013 13:10:19 Christina L. Dangerfield (CLD9) Phone 916/386-5422



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

DIXON-VACA #1 A5/137 RPL 2 ANCHORS

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St; GPS Coord; more detailed description of work required).

* NOTIFICATION REASSESSED BY JOHN HANDY 2/20/13, POSTPONE THE REQUIRED END

DATE UNTIL NEXT PATROL 3/31/14. NO SAFETY OR RELIABILITY ISSUE AT THIS

TIME.

* _____

* _____

* 12/16/2013 10:01:49 Christina Dangerfield (CLD9) Phone 916/386-5422

* PER RAMON MALDONADO, ROM4, COMPLETED 12/13/13.

* _____

Completed by: (Name and LAN ID):	Ramon Maldonado (ROM4)	Date: 12/13/2013	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

4/2/14

CPUC

Answer 4/4/14

 Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text -40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 DRUM-SUMMIT #1 CORRECT GROUND CLERANCE <i>WHY LATE</i>		
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS		INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety B = Urgt Compliance C = Emergency Restore Service E = Schd Compl Yr 0 F = Schd Compl Yr 1+ G = Maintenance Compliance P = System Repair/Improvement			Order# Created Notification # 106027940
	COMPONENT TYPE		DAMAGE CODE	
<input checked="" type="checkbox"/> Other (Describe) (IH10)	<input checked="" type="checkbox"/> Other (CH10)		<input checked="" type="checkbox"/> Other (ZOTH)	
USER STATUSES				
<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
REFERENCE INFO				
ETL#: ETL.1440 SAP EQUIPMENT #:		CREW CLASS:		WORK TYPE CODE:
		CREW SIZE: 00		400
FUNCTIONAL LOCATION 10057 DRUM-SUMMIT #1 <i>(LINE NAME):</i>		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: <i>(labor-hours = Crew Size x Hours to Complete - no travel time)</i> 0.0		
PLANNER GROUP: TLN		ANTICIPATED MATERIAL COSTS:		
EXECUTION				
REQUIRED END DATE: 05/01/2013	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV		
LOCATION DATA (OPTIONAL INFORMATION)				
STREET ADDRESS:		CITY:	ZIP (if known): 00000	
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION): 029		
COMPLETION DATES				
REPORTED BY (Name and LAN ID): JOHN HANDY			DATE FOUND (NOTIF DATE): 04/24/2012	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St; GPS Coord; more detailed description of work required).				
* 04/26/2012 15:36:15 Christina L. Dangerfield (CLD9) Phone 916/386-5422 * PREPARE ESTIMATES TO CORRECT GROUND CLEARANCE ON NERC LINES. * * 05/13/2013 08:28:08 Christina L. Dangerfield (CLD9) Phone 916/386-5422 * PER JOHN HANDY JEH6, 5/13/13, CLOSE THIS NOTIFICATION, ESTIMATES HAVE BEEN PREPARED <(>&<>) RELEASED TO CONST SEE PM 30884822. *				
Completed by: (Name and LAN ID):		Date: 05/13/2013	Actual Labor-Hours:	
Reviewed by: (Name and LAN ID):		Date: / /		

COPY

- NOTIFICATION WAS CREATED ON THIS WECC LINE FOR A CAPITAL PROJECT TO IMPROVE RELIABILITY AND RECONSTRUCT.
- THIS NOTIFICATION WAS CLOSED AND THE WORK WAS CREATED UNDER A CAPITAL PROJECT.
- SHOULD HAVE BEEN DELETED NOT CLOSED

COPY

For the convenience of the user, the following is a list of the names of the various parts of the instrument, with their respective meanings.

4/2/14

CPW


**Corrective Work Form
Electric Transmission
Line**
PROBLEM DESCRIPTION (Short text -40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2
DRUM-SUMMIT #2 CORRECT GROUND CLERANCE

LATE

INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS		INFORMATION BY QCR UPON	
<input checked="" type="checkbox"/> LC Notification PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety B = Urgt Compliance C = Emergency Restore Service E = Schd Compl Yr 0		F = Schd Compl Yr 1+ G = Maintenance Compliance P = System Repair/Improvement		Order# Created Notification # 106027941	
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION		
<input checked="" type="checkbox"/> Other (Describe) (IH10)	<input checked="" type="checkbox"/> Other (CH10)		<input checked="" type="checkbox"/> Other (ZOTH)		
USER STATUSES					
<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
REFERENCE INFO					
ETL#: ETL.1450	CREW CLASS:		WORK TYPE CODE:		
SAP EQUIPMENT #:	CREW SIZE: 00		400		
FUNCTIONAL LOCATION 10058 DRUM-SUMMIT #2 (LINE NAME):	<u>ESTIMATED TOTAL LABOR-HOURS TO COMPLETE:</u> (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0				
PLANNER GROUP: TLN	<u>ANTICIPATED MATERIAL COSTS:</u>				
EXECUTION					
REQUIRED END DATE: 05/01/2013	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV. <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV			
LOCATION DATA (OPTIONAL INFORMATION)					
STREET ADDRESS:	CITY:	ZIP (if known): 00000			
DIVISION CODE (LOCATION): SA	COUNTY CODE (PLANT SECTION) 029				
COMPLETION DATES					
REPORTED BY (Name and LAN ID): JOHN HANDY	DATE FOUND (NOTIF DATE): 04/24/2012				
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St; GPS Coord; more detailed description of work required).					
* 04/26/2012 15:37:01 Christina L. Dangerfield (CLD9) Phone 916/386-5422					
* PREPARE ESTIMATES TO CORRECT GROUND CLEARANCE ON NERC LINES.					
* _____					
* 05/13/2013 08:28:40 Christina L. Dangerfield (CLD9) Phone 916/386-5422					
* PER JOHN HANDY JEH6, 5/13/13, CLOSE THIS NOTIFICATION, ESTIMATES HAVE					
BEEN PREPARED <(>&<)> RELEASED TO CONST SEE PM 30884838.					
* _____					
Completed by: (Name and LAN ID):	Date: 05/13/2013	Actual Labor-Hours:			
Reviewed by (Name and LAN ID):	Date: / /				

To CPUC 4/4/14



Pacific Gas and
Electric Company.

Evaluation of Transmission and Distribution
Towers or Lattice Steel Poles
for Prevention of Unauthorized Climbing

Electric T&D Engineering
10/08
F1072-1

Date

Line Name	Structure #	ETL#
Inspector (Print)	Supervisor (Print)	
Inspector (Sign)	Supervisor (Sign)	

1. Existing barriers prevent unauthorized climbing (check if this applies):

Continue the evaluation for recording purposes only.

Evaluation of T&D Tower or Lattice Steel Pole for Installation of Climbing Barriers

The words in **bold** in the questions below are defined on Page 2.

2. Has a transmission line supervisor or distribution compliance supervisor, or designee, become aware of and verified that an unauthorized person has climbed the **tower or lattice steel pole**? Yes No

If the answer is "Yes," climbing barriers are required. If the answer is "No," continue with the evaluation.

3. Is the tower or pole of a design that can be **easily climbed**? Yes No

If the answer is "Yes," continue with the evaluation. If the answer is "No," stop the evaluation, as climbing barriers are not required.

If the answer is "Yes" to either of the following two questions, climbing barriers are required. If both answers are "No," continue the evaluation.

4. Is the tower or pole **adjacent** to a **school** or park? Yes No

5. Is there less than 5 feet of horizontal distance from the conductor to the steel surface? Yes No

6. Was the tower or pole constructed, reconstructed, or relocated after 1-1-92? Yes No

If the answer is "Yes," continue with the evaluation. If the answer is "No," stop the evaluation, as climbing barriers are not required.

If the answer is "Yes" to any of the following questions, climbing barriers are required.

7. Is the tower or pole in an **urban** area? Yes No

8. Is the tower or pole in a **rural area adjacent to a dwelling**? Yes No

9. Is the tower or pole in a rural area **adjacent** to a permanent or seasonal **camp**? Yes No

10. Is the tower or pole in a rural area in an **orchard**? Yes No

11. Is the tower or pole in a rural area **near** a road or trail that is **frequently traveled**? Yes No

Conclusion: Climbing barriers **are** **are not** required.

Definitions

Adjacent	Close to, lying near, sharing a common boundary, adjoining. Points within 1/8 mile (660 feet) are considered adjacent to one another.
Camp	A group of cabins or other shelters used for vacationing, living, or other recreational purposes.
Cultivated Agricultural Area	An area prepared and used for the raising of crops. For the purposes of this standard, orchards are considered to be cultivated agricultural areas.
Dwelling	A permanently or seasonally inhabited building.
Easily Climbed	A tower is considered easily climbed if it has any horizontal member (including a tower step) within 8 feet of the tower footing or ground, or if it is within 6 feet of a fence, wall or other easily climbed object. In addition, tower members located within 8 feet of the tower footing that have an angle of less than 45° from the horizontal are considered easily climbed.
Frequently Traveled	Frequently traveled pathways include highways, surfaced public roads, and unsurfaced graveled public roadways, and dirt trails on public property that are obvious public hiking, walking, or biking trails. Private roads, trails on private property, and trails on public property that do not have obvious indications of public access, hiking, walking, or biking are not considered frequently traveled. Trails that are designated as public hiking, walking, or biking trails are considered frequently traveled. Trails on private property and those on public property that are not designated as public hiking, walking, or biking tails are not considered as frequently traveled. Roads and trails meeting the Caltrans designation of Classes 0 through 5 are considered frequently traveled.
Lattice Steel Pole	A metal structure having at least two legs that are less than 4 feet apart at either the ground level or the concrete foundation level.
Near	A short distance. Approximately ¼ mile or 1,320 feet.
Orchard	A parcel of land devoted to the cultivation of fruit or nut trees.
Rural	Areas with a population of less than 1,000 persons per square mile as determined by the latest United States census.
School	A public or private place of learning including, but not limited to, daycare centers, elementary schools, high schools, colleges, and universities.
Tower	A metal structure having at least two legs that are more than 4 feet apart at the ground level or the concrete foundation level.
Urban	Areas with a population of more than 1,000 people per square mile as determined by the latest United States census.



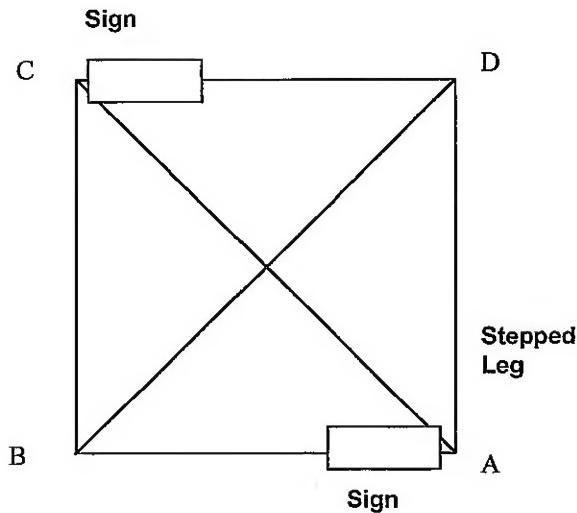


Figure 1. Tower Marking Arrangement

3. Stepping

Tower steps and ladders will not be less than 7 feet 6 inches from the ground line or from any easily climbed foreign structure within 6 feet of the tower from which one could reach or step, including tower footings. However, footing caps can often be more than 6 inches above the ground line, therefore all measurements for the installation of the first step should be from the top of the footing cap, fence, wall, or ground level which would provide access to the first tower step. **Temporary steps must not be left unattended on any tower at any time.**

COPY

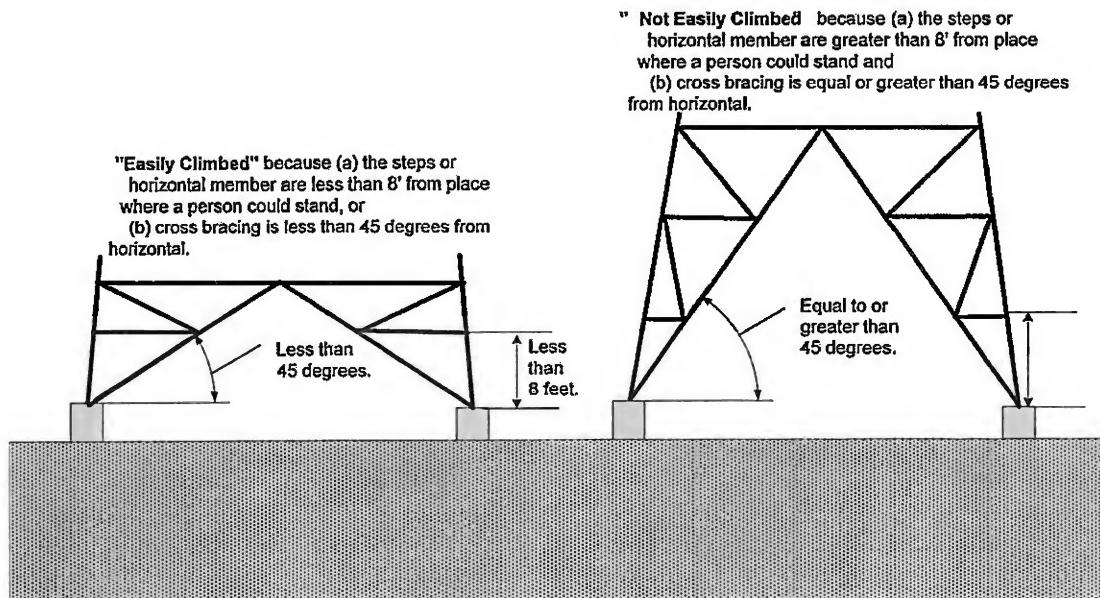


Figure 2. “Easily Climbed” and “Not Easily Climbed” Towers

4/2/14

CPUC

(CREATE) REPORT

TO CPUC 4/4/14

 Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text -40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 Drum-Rio Oso #1-115kV Imprv TLine Reliab WHY COMPLETED SAME DAY?		
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS		INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification		PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety B = Urgt Compliance C = Emergency Restore Service E = Schd Compl Yr 0 F = Schd Compl Yr 1+ G = Maintenance Compliance P = System Repair/Improvement		Order# 31016723 Created Notification # 107095948
COMPONENT TYPE		DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Pole (0018)		<input checked="" type="checkbox"/> Other (OTHR)	<input checked="" type="checkbox"/> Other (ZOTH)	
USER STATUSES				
<input checked="" type="checkbox"/> RELEASE WORK - RELW <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO				
ETL#: ETL.1420 SAP EQUIPMENT #:			CREW CLASS:	WORK TYPE CODE:
			CREW SIZE: 00	671
FUNCTIONAL LOCATION 10055 DRUM-RIO OSO #1 (LINE NAME):			ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0	
PLANNER GROUP: TLN			ANTICIPATED MATERIAL COSTS:	
EXECUTION				
REQUIRED END DATE: 12/31/2015	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV		
LOCATION DATA (OPTIONAL INFORMATION)				
STREET ADDRESS:		CITY:	ZIP (if known): 00000	
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION): 029		
COMPLETION DATES				
REPORTED By (Name and LAN ID): Mario Jones (MXHQ)			DATE FOUND (NOTIF DATE): 08/23/2013	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).				
Completed by: (Name and LAN ID):		Date: 08/23/2013	Actual Labor-Hours:	
Reviewed by (Name and LAN ID):		Date: / / /		

WHAT WAS DONE?
 NOTIFICATION created to charge time only
 for a capital project to improve reliability to the line **COPY**

* ENGINEER CHARGED TIME TO YOUR ORDER # ...

YQ



**Corrective Work Form
Electric Transmission
Line**

4/3/14
PROBLEM DESCRIPTION (Short text -40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

Drum-Rio Oso #1-115kV Imprv TLine Reliab

INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS		INFORMATION BY QCR UPON	
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0				Order# 31016723
					Created Notification # 107095948
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION		
<input checked="" type="checkbox"/> Pole (0018)		<input checked="" type="checkbox"/> Other (OTHR)	<input checked="" type="checkbox"/> Other (ZOTH)		
USER STATUSES					
<input checked="" type="checkbox"/> RELEASE WORK - RELW	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
REFERENCE INFO					
ETL#: ETL.1420		CREW CLASS:	WORK TYPE CODE:		
SAP EQUIPMENT #:		CREW SIZE: 00	671		
FUNCTIONAL LOCATION 10055 DRUM-RIO OSO #1 (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time)			
PLANNER GROUP: TLN		0.0			
ANTICIPATED MATERIAL COSTS:					
EXECUTION					
REQUIRED END DATE: 12/31/2015	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV			
LOCATION DATA (OPTIONAL INFORMATION)					
STREET ADDRESS:		CITY:	ZIP (if known): 00000		
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION) 029			
COMPLETION DATES					
REPORTED By (Name and LAN ID): Mario Jones (MXHQ)			DATE FOUND (NOTIF DATE): 08/23/2013		
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).					
Completed by: (Name and LAN ID):		Date: 08/23/2013	Actual Labor-Hours:		
Reviewed by (Name and LAN ID):		Date: / /			

• NOTIFICATION CREATED TO CHARGE TIME FOR
A CAPITAL PROJECT TO IMPROVE RELIABILITY
TO THE LINE.

Osmose**PACIFIC GAS & ELECTRIC CO.**
POLE INSPECTION & TREATMENT DETAIL REPORT

Line Name:	RIO OSO-WOODLAND #2	Week Ending:	11/23/2013	Reference #:	122RB47Q	County: YOLO
Line Code:	10281	Date:	11/19/2013	Crew ID:	122RB	State: CA
Voltage:	115	Job Number:	1011320	Foreman:	RONALD BYARD	Contract #:
Headquarters:	SACRAMENTO	Supervisor:		AUDYCKI,JOHN A	ETL:	3470

Pole ID A0177106C	MFR BAK	YEAR E1963	CLASS E50/2	LENGTH DF/P	SPECIES 43	CORR 43	INSP P	TYPE 1	GUY 1	BAND 1	WEB .1	WF Pmts .1	REMARKS AND NOTES
X: -121.744953 , Y: 38.808983													RIGHT OF WAY. Transmission Pole. Struct Type: SWP.
Cust Pole Num: A17/106C													STR99 (115 KV).
SAP :42631594													
12inBGL 0 AtGL 0 15inAGL 0					26inAGL 0		42inAGL 0		54inAGL 0		66inAGL 0		
Yolo County													
20 min wait off roadway													

Inspection Type
Partial Excavate (P) 1



AUBURN STONE HOUSE LOAD

TURE WARNINGS

WOOD GRADE B CALCULATION SHEET

UNGUYED POLE REQUIREMENT:
65' CLASS 1 SET 10.5' DEEP

POLE LOADING REPRESENTS FUTURE CONDITION

SAFETY FACTOR = 3.20

POLE SIZING: AUTOMATIC
POLE LENGTH: 65ft

INSULATION DIST: B.C.D DEPTH: 10.5'
SOIL: MEDIUM(500PSF) RECOMMENDED SET

LIGHT LOADING DEFLECTION: UNKNOWN
GUY FACTOR: 0.00 GUY TENSION: 0 lbs

LINE NAME: Placer-Del Mar

POLE #: 0/10

LOCATION #: 1

ORDER #: 30969702

CAPABILITY

LOAD CASE

CLASS

DEPTH

S.F.

TOTAL LOAD

G.L. MOMENT

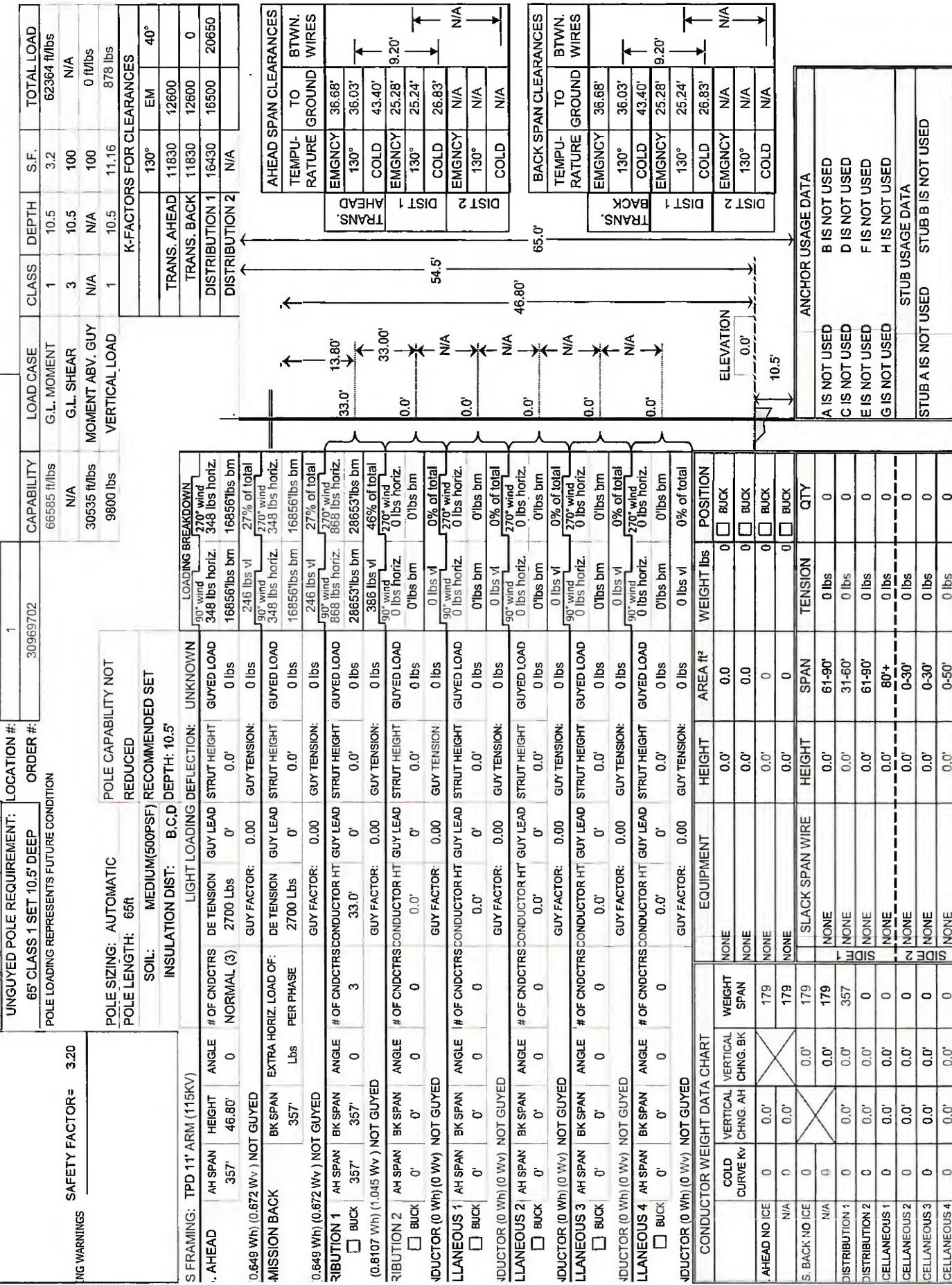
G.L. SHEAR

MOMENT ABV. GUY

VERTICAL LOAD

N/A

NOTES: Prepared by Weaver, Jason 1/10/2013



38.695744, -121.091434

TD-1001M-F02
Corrective Work Form
Electric Transmission
Line

PROBLEM DESCRIPTION (short text – 40 characters maximum) Line Name, Structure #, Work Description. For Repair Report see page 2

PM 41916411

PALERMO-BOGUE :00/001A HOT CONNECTOR

INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFO REQUIRED BY QCR UPON COMPLETION
LC NOTIFICATION <input type="checkbox"/> PRIORITY CHOICES: <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F A = IMMEDIATE/SAFETY RESPONSE B = URGENT COMPLIANCE E = SCHEDULE COMPLETED YEAR 0 F = SCHEDULE COMPLETED YEAR 1+		Created Notification # 106989600	
CD NOTIFICATION <input type="checkbox"/> PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F A = IMMEDIATE/SAFETY RESPONSE B = URGENT COMPLIANCE E = SCHEDULE COMPLETED YEAR 0 F = SCHEDULE COMPLETED YEAR 1+		Created Notification # POSTED	
USER STATUSES <input type="checkbox"/> LIGHT EQUIPMENT ACCESS - ACCL <input type="checkbox"/> MEDIUM EQUIPMENT ACCESS - ACCM <input type="checkbox"/> HEAVY EQUIPMENT ACCESS - ACCH <input type="checkbox"/> FOOT ACCESS ONLY - ACCF		<input type="checkbox"/> CLEARANCE REQUIRED - CLR <input type="checkbox"/> Inspection - INSP PATROL - PATR <input type="checkbox"/> NOMINATION - NOMN	X Expense - EXP <input type="checkbox"/> Capital - CAP <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
FUNCTIONAL LOCATION(LINE NAME) PALERMO-BOGUE 115KV LINE		CREW CLASS (SIZE): _____	WORK TYPE CODE:
SAP EQUIPMENT #: 40576518		CREW CLASS (SIZE): _____	628 _____
ETL#: 3200		EST TOTAL LABOR-HOURS TO COMPLETE (labor-hours = Crew Size x Hours to Complete – no travel time):	
PLANNER GROUP: TLN			
EXECUTION			
REQUIRED END DATE: 6-11-2013	MAIN WORK CENTER (HEADQUARTER) SACRAMENTO T-LINE	VOLTAGE: 60KV <input type="checkbox"/> 70KV <input type="checkbox"/> 115 KV <input checked="" type="checkbox"/> 230 KV <input type="checkbox"/> 500KV	
LOCATION DATA (OPTIONAL INFORMATION)		CITY: RIO OSO OLIVEHURST ZIP (if known) : STREET ADDRESS: GEORGE AVE. & HARVEY RD. DIVISION CODE (LOCATION):	
COMPLETION DATES			
REPORTED BY (Name and LAN ID): CURT JENNINGS CDJ7		DATE FOUND (NOTIF DATE): 6-11-2013	
COMMENTS (LONG TEXT): Describe the work required and the equipment and materials needed (e.g., area; access; special tools; road map, X St; GPS Coord; more detailed description of work required).			
REPLACE U-BOLT CONNECTORS W/ AMP CONNECTORS <i>Showing hot on Infrared, Jumper between T 29/211 & T 0/1A</i> <i>Replaced all 3 levels of u-bolt conn. to Amps.</i>			
Completed by Dawn (Name and LAN ID):		Date: 7/17/13	Actual Labor-Hours:
Reviewed by JH (Name and LAN ID):		Date: 6/19/13	PM # 41916411

COPY



CONFIDENTIAL

HOT SHOT
Infrared Inspections Inc.

Infrared Trouble Shooting Report

Client Name: Pacific Gas & Electric

Region: Vacaville Sacramento

Date of Inspection: June 10, 2013

Time of Inspection: 10:29

Picture Number: 001

Located on Video: 06102013001

Anomaly Description: East Circuit, Bottom Phase, Jumper Wire Bolt Connection

Structure: Structure #29/211

Circuit: Palermo - Bogue Line

Anomaly Location: Rio Oso - GPS: N38 59.923 W121 32.408

Problem Area Temperature: N/A °F

Ambient Area Temperature: 60 °F

Total Temperature Rise: N/A °F

Severity of Problem: III (Intermediate)

Weather Conditions	Overcast	
Wind Velocity	8	Knots
Line Load	Unknown	Amps
Distance to Target	1000	Feet



Inspector: Christopher R. Gaskill

Certification: HS007

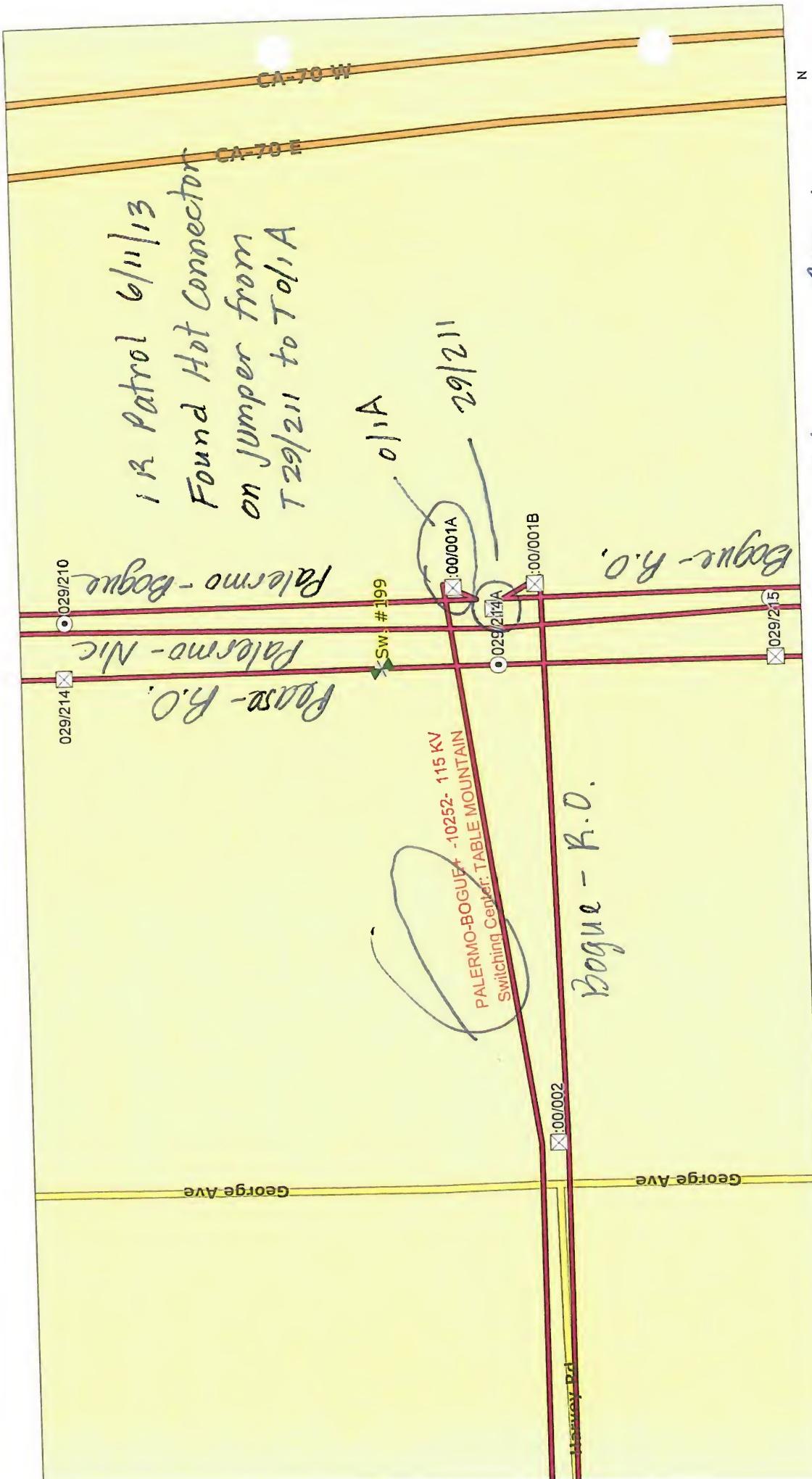
Repaired By:

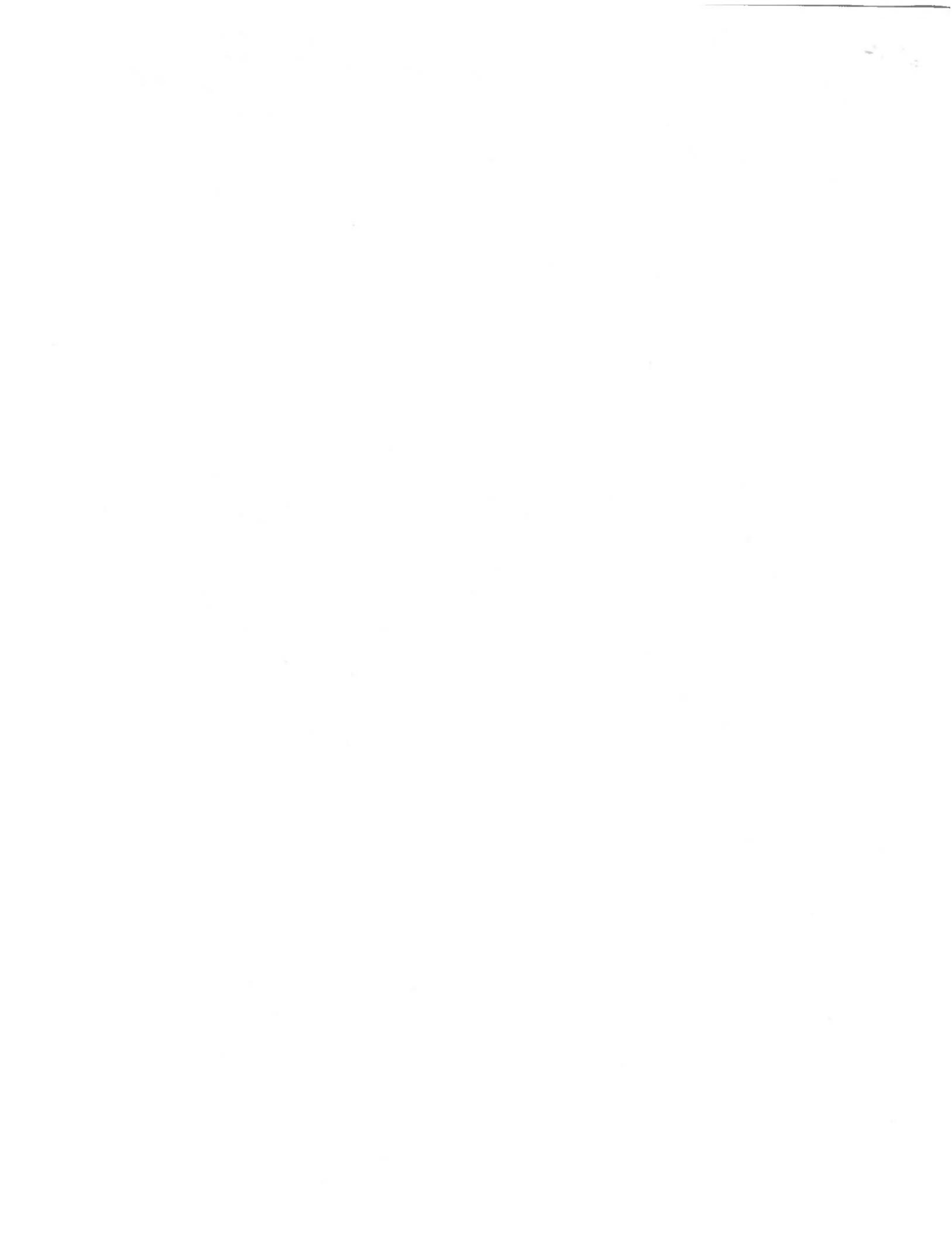
Comment:

Date:



N
Palermo - Bogue





Pre/ Post Check and Work Verification For Overhead/Underground Transmission Facilities

PM Order number:

Notification Tag #:

Purpose: To document and record job site post-checks and work verification.

Application: All electric transmission, new construction, reconstruction, and maintenance work including tower work which requires a notification tag to have been created. The comments section may be used to expand on items found, and respective post-check job issues identified during reviewed.

Pre-Check

Crew Leader/ Supervisor:

Job Pre-Check completed by



Signature

on 7/17/13

Date

Comments are optional, document anything out of the ordinary that needs to be addressed.

Post Check

Crew Leader:

Job Post-Check completed by



Signature

on 7/17/13

Date

Completed job file includes:

- All required forms signed by Crew Leader
 Red Lined Changes
 Environmental forms

- Construction Report Sheet
 Joint Pole Form

Field Work Verification

Work Verification completed by

Signature

on

Date

Location(s) verified

Corrective items identified (yes/no) If yes, record in Comments (backside)

Infractions: (Attach additional documents as desired; i.e. Photo, Notification tag)

Crew leader signs and dates when all corrective actions have been completed

on

Signature

Date

Office Work Verification

Documentation Review:

Office documentation completed by:

Signature

on

Date

Comments (Optional):

2-10

YUBA



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text -40 characters maximum); Line Name, Structure #, Work Description. For Repair Report see page 2

POE RIO OSO 73/475-73/476 HOT SLEEVE

INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS		INFORMATION BY QCR UPON	
<input checked="" type="checkbox"/> LC Notification		PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety B = Urgt Compliance C = Emergency Restore Service E = Schd Compl Yr 0 F = Schd Compl Yr 1+ G = Maintenance Compliance P = System Repair/Improvement		Order# 41940522 Created Notification # 107070041	
COMPONENT TYPE	DAMAGE CODE		CAUSE CODE		ACTION
<input checked="" type="checkbox"/> Splice (CF14)	<input checked="" type="checkbox"/> Hot/Heating (EL13)				<input checked="" type="checkbox"/> Completed By : (COMP) POSTED
USER STATUSES					
<input checked="" type="checkbox"/> MEDIUM EQUIPMENT - ACCM <input checked="" type="checkbox"/> CLEARANCE REQUIRED - CLR <input checked="" type="checkbox"/> INFRARED - IR <input checked="" type="checkbox"/> RELEASE WORK - RELW	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
REFERENCE INFO					
ETL#: ETL.5540.INSL		CREW CLASS: ETLEQP		WORK TYPE CODE:	
SAP EQUIPMENT #: 40843652		CREW SIZE: 00		536 591	
FUNCTIONAL LOCATION 20126 POE-RIO OSO+INSULATOR (LINE NAME):			ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0		
PLANNER GROUP: TLN			ANTICIPATED MATERIAL COSTS:		
EXECUTION					
REQUIRED END DATE: 11/30/2013	MAIN WORK CENTER: SACTO - Sacramento		VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV		
LOCATION DATA (OPTIONAL INFORMATION)			CITY: COPY ZIP (if known): 00000		
STREET ADDRESS:					
DIVISION CODE (LOCATION): NV		COUNTY CODE (PLANT SECTION) 051			
COMPLETION DATES					
REPORTED BY (Name and LAN ID): James Arden (JTA6)				DATE FOUND (NOTIF DATE): 08/01/2013	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).					
* 08/09/2013 09:36:34 Aida Luna (AXRU) Phone 530/896-4277					
* per buck arden on 8/1/2013 during an IR patrol found hot sleeve bottom					
* phase.					
* _____					
* 08/15/2013 11:08:14 Christina Dangerfield (CLD9) Phone 916/386-5422					
* CORRECTION TOP PHASE, 73/475 - 73/476,					
* _____					
Completed by: (Name and LAN ID): <i>Romy</i>		Date: 08/01/2013		Actual Labor-Hours:	
Reviewed by (Name and LAN ID): <i>JTA</i>		Date: 10-21-13			



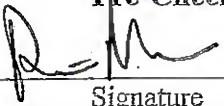
**Pre/ Post Check and Work Verification
For Overhead/Underground Transmission Facilities**

PM Order number: 41940522

Notification Tag #: 101010041

Purpose: To document and record job site post-checks and work verification.

Application: All electric transmission, new construction, reconstruction, and maintenance work including tower work which requires a notification tag to have been created. The comments section may be used to expand on items found, and respective post-check job issues identified during reviewed.

Pre-Check		
Crew Leader/ Supervisor:		on <u>10-17-13</u>
Job Pre-Check completed by _____	Signature	Date
Comments are optional, document anything out of the ordinary that needs to be addressed.		

Post Check		
Crew Leader:		on <u>10-17-13</u>
Job Post-Check completed by _____	Signature	Date
Completed job file includes:		
<input type="checkbox"/> All required forms signed by Crew Leader	<input type="checkbox"/> Construction Report Sheet	
<input type="checkbox"/> Red Lined Changes	<input type="checkbox"/> Joint Pole Form	
<input type="checkbox"/> Environmental forms		

Field Work Verification		
Work Verification completed by _____	Signature	on _____
Location(s) verified _____	Date _____	
Corrective items identified (yes/no) _____	If yes, record in Comments (backside)	
Infractions: (Attach additional documents as desired; i.e. Photo, Notification tag)		
Crew leader signs and dates when all corrective actions have been completed		
_____	Signature	Date _____

Office Work Verification		
Documentation Review:		
Office documentation completed by: _____	Signature	on _____
Comments (Optional):		





CONFIDENTIAL

HOT SHOT Infrared Trouble Shooting Report

Infrared Inspections Inc., Inc.

Client Name: Pacific Gas & Electric

Region: Table Mountain

Date of Inspection: August 1, 2013

Time of Inspection: 12:10

Picture Number: 064

Located on Video: 08012013001

Anomaly Description: Bottom Phase, Mid-Line Splice Connection

Structure: Between Structures #366 & #367

Circuit: Poe - Rio Oso Line

Anomaly Location: Yuba - GPS: N39 10.724 W121 28.329

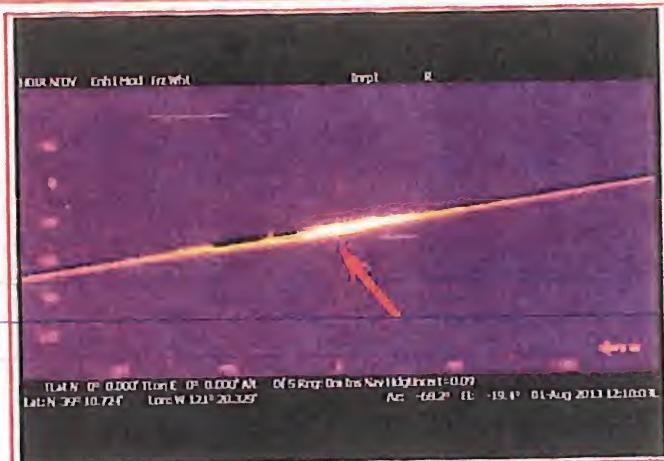
Problem Area Temperature: N/A °F

Ambient Area Temperature: 70 °F

Total Temperature Rise: N/A °F

Severity of Problem: III (Intermediate)

Weather Conditions	Sunny	
Wind Velocity	10	Knots
Line Load	Unknown	Amps
Distance to Target	1000	Feet



Inspector: Christopher R. Gaskill

Certification: HS007

Repaired By:

Comment:

Date:

2-11

SOUTH OF THORNTON, 45 MINS SOUTH OF SAC

 Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 POE RIO OSO 57/366 - 57/367 HOT SLEEVE		
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON	
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0			Order# 41940522
				Created Notification # 107070042
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION	
<input checked="" type="checkbox"/> Splice (CF14)	<input checked="" type="checkbox"/> Hot/Heating (EL13)		<input checked="" type="checkbox"/> Completed By : (COMP) POSTED	
USER STATUSES				
<input checked="" type="checkbox"/> MEDIUM EQUIPMENT - ACCM <input checked="" type="checkbox"/> CLEARANCE REQUIRED - CLR <input checked="" type="checkbox"/> INFRARED - IR <input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFERENCE INFO				
ETL#: ETL.5540.INSL SAP EQUIPMENT #: 40843621		CREW CLASS: ETLEQP CREW SIZE: 00	WORK TYPE CODE: 536-591	
FUNCTIONAL LOCATION 20126 POE-RIO OSO+INSULATOR (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0		
PLANNER GROUP: TLN		ANTICIPATED MATERIAL COSTS:		
EXECUTION				
REQUIRED END DATE: 11/30/2013	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV		
LOCATION DATA (OPTIONAL INFORMATION)		CITY:	ZIP (if known): 00000	
STREET ADDRESS:		CITY:	ZIP (if known): 00000	
DIVISION CODE (LOCATION): NV		COUNTY CODE (PLANT SECTION) 058		
COMPLETION DATES				
REPORTED BY (Name and LAN ID): James Arden (JTA6) COPY DATE FOUND (NOTIF DATE): 08/01/2013				
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St; GPS Coord; more detailed description of work required).				
* 08/09/2013 09:37:56 Aida Luna (AXRU) Phone 530/896-4277				
* per buck arden during an ir patrol found hot sleeve bottom phase				
Completed by: (Name and LAN ID): <i>JTA6</i> <i>20MY</i>	Date: 08/01/2013 <i>10-14-13</i>	Actual Labor-Hours:		
Reviewed by: (Name and LAN ID): <i>JTA6</i>	Date: 11 <i>10-21-13</i>			

2-12

Pre/ Post Check and Work Verification
For Overhead/Underground Transmission Facilities

PM Order number: 41940522

Notification Tag #: 107070042

Purpose: To document and record job site post-checks and work verification.

Application: All electric transmission, new construction, reconstruction, and maintenance work including tower work which requires a notification tag to have been created. The comments section may be used to expand on items found, and respective post-check job issues identified during reviewed.

Pre-Check		
Crew Leader/ Supervisor:	<u>R. M.</u>	on <u>10-14-14</u>
Job Pre-Check completed by	Signature	Date
Comments are optional, document anything out of the ordinary that needs to be addressed.		

Post Check		
Crew Leader:	<u>R. M.</u>	on <u>10-14-14</u>
Job Post-Check completed by	Signature	Date
Completed job file includes:		
<input type="checkbox"/> All required forms signed by Crew Leader	<input type="checkbox"/> Construction Report Sheet	
<input type="checkbox"/> Red Lined Changes	<input type="checkbox"/> Joint Pole Form	
<input type="checkbox"/> Environmental forms		

Field Work Verification		
Work Verification completed by	Signature	on _____ Date
Location(s) verified _____		
Corrective items identified (yes/no) _____ If yes, record in Comments (backside)		
Infractions: (Attach additional documents as desired; i.e. Photo, Notification tag)		
Crew leader signs and dates when all corrective actions have been completed		
Signature	on _____	Date

Office Work Verification		
Documentation Review:		
Office documentation completed by:	Signature	on _____ Date
Comments (Optional):		



CONFIDENTIAL

HOT SHOT Infrared Trouble Shooting Report

Infrared Inspections Inc., Inc.

Client Name: Pacific Gas & Electric

Date of Inspection: August 1, 2013

Picture Number: 065

Anomaly Description: Top Phase, Mid-Line Splice Connection

Structure: Between Structures #366 & #367

Circuit: Poe - Rio Oso Line

Anomaly Location: Rio Oso - GPS: N38 10.724 W121 28.329

Region: Table Mountain

Time of Inspection: 12:38

Located on Video: 08012013001

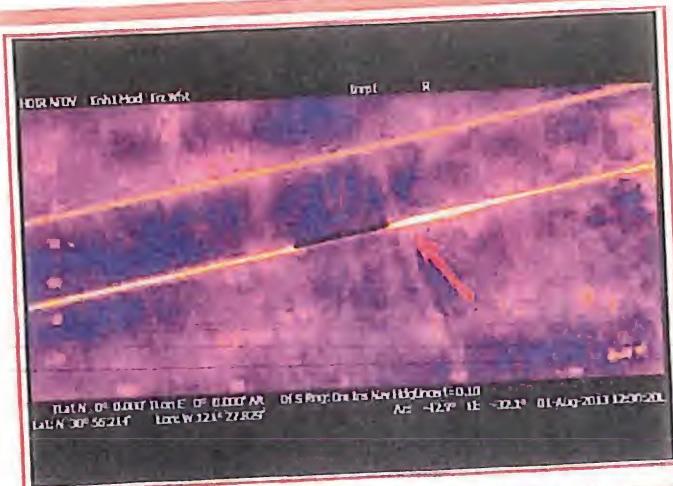
Problem Area Temperature: N/A °F

Ambient Area Temperature: 70 °F

Total Temperature Rise: N/A °F

Severity of Problem: III (Intermediate)

Weather Conditions	Sunny	
Wind Velocity	10	Knots
Line Load	Unknown	Amps
Distance to Target	1000	Feet



Inspector: Christopher R. Gaskill

Certification: HS007

Repaired By: _____

Comment: _____

Date: _____

2-12



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

DIXON-VACA #1 002/076 REPLACE POLE ? WXB7 REASSESSSED

INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON	
<input checked="" type="checkbox"/> LR Notification	PRIORITY CHOICES: <input type="checkbox"/> E <input checked="" type="checkbox"/> G <input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> R	E = System Integrity G = Planned Int Work L = Operation Compliance O = Reliability/Capacity R = Systemic Problem	Order# 30629966 Created Notification # 102895595	
	COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Pole (SW01)	<input checked="" type="checkbox"/> Rotted (CH07)		<input checked="" type="checkbox"/> Completed By : (COMP) <input checked="" type="checkbox"/> Estimated Hours (ESTH) <input checked="" type="checkbox"/> Replaced (REPL)	
USER STATUSES				
<input checked="" type="checkbox"/> RELEASE WORK - RELW <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
REFERENCE INFO				
ETL#: ETL.6730.POLE.WOOD	CREW CLASS: ETLEQP	WORK TYPE CODE: 372		
SAP EQUIPMENT #: 40612561	CREW SIZE: 05			
FUNCTIONAL LOCATION 60066 DIXON-VACA #1+-WOOD POLE (LINE NAME):	ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 80.0			
PLANNER GROUP: TLX				
EXECUTION				
REQUIRED END DATE: 03/31/2014	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV		
LOCATION DATA (OPTIONAL INFORMATION)		CITY:	ZIP (if known):	
STREET ADDRESS:				
DIVISION CODE (LOCATION): SA	COUNTY CODE (PLANT SECTION) 048			
COMPLETION DATES				
REPORTED BY (Name and LAN ID): OSMOSE	DATE FOUND (NOTIF DATE): 01/28/2008			
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).				
* 03/18/2008 11:22:02 Helen Sakai (HXS4) Phone 209/942-1669				
* PER OSMOSE REPT, POLE NEEDS TO BE REPLACED				
* 02/04/2010 07:18:21 Patrick W. Coughlin (PWC1) Phone 916/386-5422				
*				
* SACRAMENTO T-LINE WXB7 REASSESSSED THIS TAG AND MOVED THE REQUIRED END DATE OUT TO 3/31/10; NO SAFETY OR RELIABILITY ISSUES AT THIS TIME				
* 02/04/2010 08:30:25 Patrick W. Coughlin (PWC1) Phone 916/386-5422				
*				
* CORRECTION: WXB7 MOVED THE REQUIRED END DATE OUT TO 3/30/11				
*				
* 03/30/2011 11:30:34 Christina L. Dangerfield (CLD9) Phone 916/386-5422				

COPY

WXB7

BEARD ~ T-TROUBLEMAN

2-13



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

DIXON-VACA #1 002/076 REPLACE POLE

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

* SACRAMENTO T-LINE JEH6 REASSESSED THIS NOTIFICATION ON 1/30/11 AND
POSTPONE THE REQUIRED END DATE OUT UNTIL THE NEXT PATROL MARCH 2012; NO
SAFETY OR RELIABILITY ISSUES AT THIS TIME.

* _____

C _____

* 01/11/2012 12:52:46 Donna K. Thorne (DKT1) Phone 831/633-6935 Data

Cleansing: Move Req End Date to 11/30/2015.

C _____

* 02/22/2012 13:18:50 Katie E. Martin (KEO9) Phone 916/408-3292 After
further review of pole process, the superintendents have decided to move
#pole# (TLX/372/400) notifications back to original date to allow the
contract group to manage.

* 04/02/2012 12:45:39 Christina L. Dangerfield (CLD9) Phone 916/386-5422

* SACRAMENTO T-LINE JOHN HANDY, JEH6 REASSESSED THIS NOTIFICATION 3/29/12
AND POSTPONE THE REQUIRED END DATE UNTIL NEXT PATROL 3/31/13. NO SAFETY
OR RELIABILITY ISSUE AT THIS TIME.

* _____

* 02/28/2013 10:09:23 Christina L. Dangerfield (CLD9) Phone 916/386-5422

* NOTIFICATION REASSESSED BY JOHN HANDY 2/19/13 AND POSTPONE THE REQUIRED
END DATE UNTIL NEXT PATROL 3/31/14. R/W CLEARED, GOOD ACCESS TO POLE,
NEW POLE ON SITE, THIS POLE SHOULD BE INCLUDED WITH 2013 POLE
REPLACEMENTS. NO SAFETY OR RELIABILITY ISSUE AT THIS TIME.

* _____

* 08/21/2013 14:28:13 Charlene McLeod (CMMD) Phone 209/942-1669

* GC TLINER REPLACED POLE ON 8/20/2013 PER JASON MADIGAN

Completed by: (Name and LAN ID):	GC TLINER	Date: 08/20/2013	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

3 COMPLETED - REASSESS RD BY TOWERMAN NO ISSUE

Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text -40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 REAS- RIO OSO-BRIGHTON 10/71 RPR BRACE		
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS		INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P	A = Immed/Safety B = Urgt Compliance C = Emergency Restore Service E = Schd Compl Yr 0 F = Schd Compl Yr 1+ G = Maintenance Compliance P = System Repair/Improvement		Order# 41895045 Created Notification # 106922448
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION	
<input checked="" type="checkbox"/> Leg member (SS01)	<input checked="" type="checkbox"/> Broken (MC02)			
USER STATUSES				
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
REFERENCE INFO				
ETL#: ETL.5600.TOWR	CREW CLASS: ETLEQP	WORK TYPE CODE: 599		
SAP EQUIPMENT #: 40581047	CREW SIZE: 00			
FUNCTIONAL LOCATION 20132 RIO OSO-BRIGHTON+TOWER (LINE NAME):	ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0			
PLANNER GROUP: TLG	ANTICIPATED MATERIAL COSTS:			
EXECUTION				
REQUIRED END DATE: 05/30/2013	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV		
LOCATION DATA (OPTIONAL INFORMATION)				
STREET ADDRESS: RD 26 & RD 90	CITY: WOODLAND	ZIP (if known): 95695		
DIVISION CODE (LOCATION): SA	COUNTY CODE (PLANT SECTION) 031			
COMPLETION DATES				
REPORTED BY (Name and LAN ID): Ramiro Ortiz (RX08)			DATE FOUND (NOTIF DATE): 05/28/2009	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St; GPS Coord; more detailed description of work required).				
* 05/09/2013 11:03:14 Donna K. Thorne (DKT1) Phone 831/633-6935				
* Reassessment of Notification: 000103883693				
* 06/25/2009 14:56:07 Patrick W. Coughlin (PWC1) Phone 916/386-5422				
* REPLACE BROKEN BRACE AT GROUND LEVEL				
C _____				
* 03/30/2010 10:09:43 Veronica L. Conerly-Scott (VLC5) Phone 916/923-7082				
* Reassess notification no -000104638615				
* 04/06/2010 07:56:58 Pam S. Ramirez (PSR2) Phone 530/757-5945				
* 3/31/2010 - MVC6 - TWR 10/71 ON GRAZING FIELD, ACCESS FROM HWY 99 N TO RIEGO EAST. BECOMES BASELINE RD, LEFT ON COUNTRY ACRES, GO THROUGH FIRST GATE AT END OF ROAD TO NEXT CHAIN GATE. TWR 73 IS ON LEFT. TWR NEEDS 4				

COPY

4 yrs to
complete

COPY



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

REAS- RIO OSO-BRIGHTON 10/71 RPR BRACE

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

SWAY SPLICES 2X2X1/8

C -----

* 04/29/2011 13:03:20 Veronica L. Conerly-Scott (VLC5) Phone 916/760-3344

* Reassess notification no -000105289046

* 05/10/2011 10:52:12 Patrick W. Coughlin (PWC1) Phone 530/757-5942

*

* GC TOWER JVC4 REASSESSED THIS TAG ON 5/2/11 AND FOUND THAT TOWER IS IN SAME CONDITION AS THE 3/31/10 REASSESSMENT.

- TOWER MAN

* (4) BRACES NEED TO BE SPLICED - 4) 2x2x1/8x10' LONG. REQUIRED END DATE

MOVED OUT TO 5/30/13

*

C -----

* 01/24/2012 13:11:27 Donna K. Thorne (DKT1) Phone 831/633-6935 2012 Data

Cleansing: Found to not have safety, reliability or asset life issues at

this time. Moved Req End Date to 05/30/2013.

* 05/30/2013 13:46:14 Patrick W. Coughlin (PWC1) Phone 530/757-5942

*

* GC TOWER JVC4 REASSESSED NOTIFICATION ON 5/28/13 AND FOUND THAT TOWER IS IN THE SAME CONDITION AS LAST 5/2/11 REASSESSMENT

* REQUIRED END MOVED OUT 24 MONTHS TO 5/31/15.

*

Completed by: (Name and LAN ID):	<u>Date:</u> 05/28/2013	<u>Actual Labor-Hours:</u>
Reviewed by (Name and LAN ID):	<u>Date:</u> / /	

2-14



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

REAS- RIO OSO-WOODLAND #2 34/212 INSPECT

INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS		INFORMATION BY QCR UPON	
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety B = Urgt Compliance C = Emergency Restore Service E = Schd Compl Yr 0			Order# 41895044 Created Notification # 106922500	
	COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION	
<input checked="" type="checkbox"/> Concrete Footing (FO02)	<input checked="" type="checkbox"/> Other (CH10)				
USER STATUSES					
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
REFERENCE INFO					
ETL#: ETL.3470.TOWR		CREW CLASS: ETLEQP	WORK TYPE CODE: 599		
SAP EQUIPMENT #: 40669136		CREW SIZE: 00			
FUNCTIONAL LOCATION 10281 RIO OSO-WOODLAND #2+-TOWER (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0			
PLANNER GROUP: TLG		ANTICIPATED MATERIAL COSTS:			
EXECUTION					
REQUIRED END DATE: <u>05/31/2013</u>	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV			
LOCATION DATA (OPTIONAL INFORMATION)					
STREET ADDRESS: RD 26 & RD 90		CITY: WOODLAND	ZIP (if known): 95695		
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION) 057			
COMPLETION DATES					
REPORTED BY (Name and LAN ID): Steve Cooper (SXC9)			DATE FOUND (NOTIF DATE): 06/03/2009		
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).					
* 05/09/2013 11:03:16 Donna K. Thorne (DKT1) Phone 831/633-6935					
* Reassessment of Notification: 000103922683					
* 07/29/2009 14:07:32 Patrick W. Coughlin (PWC1) Phone 916/386-5422					
* -PERFORM FOLLOW UP FOOTING INSPECTION AFTER VEGETATION HAS BEEN REMOVED;					
* NOT ABLE TO CHECK DURING ROUTINE PATROL					
*					
* 01/04/2010 09:53:23 Patrick W. Coughlin (PWC1) Phone 916/386-5422					
* SACRAMENTO T-LINE D1BS REASSESS THIS TAG ON 12/29/09 AND MOVED THE					
REQUIRED END DATE OUT 3 MONTHS TO 3/31/10; VEGETATION STILL NOT REMOVED					
* _____					
C _____					

COPY

4 YEARS TO COMPLETE

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**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

REAS- RIO OSO-WOODLAND #2 34/212 INSPECT

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

* 03/02/2010 08:58:05 Kathleen E. Martin (KEO9) Phone 916/408-3292

* Reassess notification no -000104603642

* 03/19/2010 10:16:50 Patrick W. Coughlin (PWC1) Phone 916/386-5422

*

* SACRAMENTO T-LINE BPJ2 REASSESSED THIS TAG ON 3/18/10 AND MOVED THE REQUIRED END DATE OUT 1 YEAR TO 3/31/11

*

* 03/29/2010 07:29:30 Patrick W. Coughlin (PWC1) Phone 916/386-5422

*

* ON 3/26/10, SACRAMENTO T-LINE BPJ2 MOVED THE REQUIRED END DATE MOVED OUT 3 MONTHS TO 6/30/10 DUE TO NO IMMEDIATE HAZARDS

*

C -----

* 05/05/2010 09:00:08 Kathleen E. Martin (KEO9) Phone 916/408-3292

* Reassess notification no -000104678013

* 05/27/2010 09:27:24 Patrick W. Coughlin (PWC1) Phone 916/386-5422

*

* SACRAMENTO T-LINE SXC9 REASSESSED THIS TAG ON 4/23/10 AND MOVED THE REQUIRED END DATE OUT TO 5/31/11; NO SAFETY OR RELIABILITY ISSUES AT THIS TIME.

*

C -----

* 04/28/2011 14:07:24 Katie E. Martin (KEO9) Phone 916/408-3292

* Reassess notification no -000105288360

* 05/11/2011 14:32:33 Christina L. Dangerfield (CLD9) Phone 916/386-5422

* SACRAMENTO T-LINE JOHN HANDY JEH6 REASSESSED THIS NOTIFICATION 5/9/11 AND MOVED THE REQUIRED END DATE UNTIL NEXT PATROL 5/31/12, VEGETATION STILL NOT REMOVED, CANNOT INSPECT FOOTINGS, SCHEDULE VEG WORK, (nOTIF. 103922619), THEN F/U W/INSPECTION ADJACENT FOOTINGS OK. NO SAFETY OR RELIABILITY ISSUE AT THIS TIME.

*

C -----

* 01/04/2012 08:34:16 Christina L. Dangerfield (CLD9) Phone 916/386-5422

* CHANGED WORK TYPE CODE FROM 532 TO 628 AND PLANNER GROUP FROM TLV/VEG TO

* TLT/TWR.

*

C -----

* 04/09/2012 15:14:08 Angie L. Luz (ALCI) Phone 530/906-0293

* Reassess notification no -000106002461

* 05/17/2012 09:50:25 Patrick W. Coughlin (PWC1) Phone 530/757-5942

*

* Sacto T-Line changed the Planner Group on 1/4/12 from TLV to TLT on reassessment 106002461. It should have been changed to TLG. This reassessment notification has been closed on 5/17/12

*

* 05/17/2012 08:05:00 Stacie R. Doyle (SRF5) Phone 916/772-7044

* Reassess notification no -000106054595 for GC Tower





**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

REAS- RIO OSO-WOODLAND #2 34/212 INSPECT

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

* _____

* 05/23/2012 07:30:48 Patrick W. Coughlin (PWC1) Phone 530/757-5942

* REASSESSSED BY GC TOWER JVC4 ON 5/17/12.

* VEGETATION HAS NOT BEEN REMOVED AT THIS TIME.

* GC TOWER WILL COMPLETE REPAIRS ONCE VEGETATION HAS BEEN REMOVED.

* REQUIRED END DATE MOVED OUT 12 MONTHS TO 5/31/13. _____

* _____

* 05/31/2013 12:04:12 Patrick W. Coughlin (PWC1) Phone 530/757-5942

* GC TOWER JVC4 REASSESSSED THIS NOTIFICATION ON 5/30/13 AND FOUND THAT THE

TOWER NEEDS THE FOLLOWING STEEL REPLACED:

* 1 - 3-1/2"X3-1/2"X1/4"X7'LONG LEG

* 1 - BUTT SPLICE 3-1/2"X3-1/2"X1/8"

* 1 - SINGLE STRUT

* 1 - X ABOVE FIRST STRUT

* 3 - 1-3/4"X1-3/4"X1/8X5'LONG SWAYS

* GC TOWER WILL SCHEDULE WORK.

* REQUIRED END DATE MOVED OUT 12 MONTHS TO 5/31/14

* _____

Completed by: (Name and LAN ID):	Date: 05/30/2013	Actual Labor-Hours:
--------------------------------------------	-------------------------	----------------------------

Reviewed by (Name and LAN ID):	Date: / /	
------------------------------------------	------------------	--

2-15



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2.

RIO OSO-WOODLAND #2 34/212 RPR BENT STL

INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS		INFORMATION BY QCR UPON	
<input checked="" type="checkbox"/> LC Notification		PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety B = Urgt Compliance C = Emergency Restore Service E = Schd Compl Yr 0		Order# 41684167 F = Schd Compl Yr 1+ G = Maintenance Compliance P = System Repair/Improvement Created Notification # 103922616	
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION		
<input checked="" type="checkbox"/> Non-leg Member (SS03)	<input checked="" type="checkbox"/> Buckled/Bent (MC03)		<input checked="" type="checkbox"/> Repaired (REPA)		
USER STATUSES					
<input checked="" type="checkbox"/> RELEASE WORK - RELW	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
REFERENCE INFO					
ETL#: ETL.3470.TOWR		CREW CLASS: ETLEQP		WORK TYPE CODE:	
SAP EQUIPMENT #: 40669136		CREW SIZE: 00		543	
FUNCTIONAL LOCATION 10281 RIO OSO-WOODLAND #2+-TOWER (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0			
PLANNER GROUP: TLG		ANTICIPATED MATERIAL COSTS:			
EXECUTION					
REQUIRED END DATE: 04/30/2014	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV			
LOCATION DATA (OPTIONAL INFORMATION)					
STREET ADDRESS: RD 26 & RD 90		CITY: WOODLAND		ZIP (if known): 95695	
DIVISION CODE (LOCATION):		COUNTY CODE (PLANT SECTION) 057			
COMPLETION DATES					
REPORTED BY (Name and LAN ID): Steve Cooper (SXC9)			DATE FOUND (NOTIF DATE): 06/03/2009		
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St, GPS Coord; more detailed description of work required).					
* 07/29/2009 13:41:30 Patrick W. Coughlin (PWC1) Phone 916/386-5422					
* -INSPECT & REPAIR BENT STEL ON TOWER					
* -NOTE: TAG SUBMITTED TO VEGETATION DEPT TO CLEAR FOOTPRINT					
C -----					
* 08/20/2009 06:53:19 Lisbeth Kosnik (LMKE)					
* Reassess notification no -000103952346					
* 08/28/2009 10:57:54 Pam S. Ramirez (PSR2) Phone 530/757-5945					
* 8/25/09 - JVC4 - TOWER HAS DAMAGE AND NEEDS STRUTT <(>&<>) FIRST					
XBRACING ABOVE STRUTT. TOWER NEEDS VEG REMOVED FROM BOTTOM OF TOWER					
BASE TO REPAIR STEEL.					
C -----					

COPY

5 yrs

1000



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

RIO OSO-WOODLAND #2 34/212 RPR BENT STL

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

* 09/14/2010 15:59:51 Veronica L. Conerly-Scott (VLC5) Phone 916/923-7082

* Reassess notification no -000104815686

* 10/21/2010 15:42:31 Pam S. Ramirez (PSR2) Phone 530/757-5945

*

*

*

* 10/19/10- JVC4 - REASSESSSED. TOWER NEEDS REPAIRS <(>&<) VEG REMOVED

FROM TOWER BASE. SEE NOTES. MOVE DUE DATE 18 MOS.

C _____

* 01/24/2012 10:42:54 Donna K. Thorne (DKT1) Phone 831/633-6935 2012 Data

Cleansing: Found to not have safety, reliability or asset life issues at

this time. Moved Req End Date to 11/15/2015

C _____

* 03/05/2012 15:14:59 Stacie R. Doyle (SRF5) Phone 916/772-7044 After

further reviews, the superintendents have decided to move notifications

back to original required end date

C _____

* 04/05/2012 11:06:36 Donna K. Thorne (DKT1) Phone 831/633-6935

* Reassess notification no -000105999006

* 04/18/2012 13:10:58 Patrick W. Coughlin (PWC1) Phone 530/757-5942

*

* GC TOWER JVC4 REASSESSSED THIS NOTIFICATION ON 4/9/12 AND FOUND THAT

TOWER IS IN SAME CONDITION AS THE LAST 10/19/10 REASSESSMENT. GC TOWER

WILL SCHEDULE REPAIRS. REQUIRED END DATE MOVED 24 MONTHS TO 4/30/14.

*

* 10/04/2013 09:58:56 Patrick Coughlin (PWC1) Phone 530/757-5942

* GC TOWER MVC6 COMPLETED REPAIRS ON 9/18/13 BY REPLACING STRUT AND

X-BRACE ABOVE SPLICE. CLEANED ALL FOOTINGS AND RECAPPED <(>&<) SEALED

ALL FOOTINGS.

*

Completed by: (Name and LAN ID):	Date: 09/18/2013	Actual Labor-Hours:
--------------------------------------------	-------------------------	----------------------------

Reviewed by (Name and LAN ID):	Date: / /	
------------------------------------------	------------------	--

2-16

CREATED TAGS - NO ISSUES

 Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 COLUSA #1 3/72 RPL ANCHOR		
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS		INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0			Order# 31065879 Created Notification # 107472421
	COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Anchor (AG10)	<input checked="" type="checkbox"/> Earth covered (CH14)		<input checked="" type="checkbox"/> Replaced (REPL)	
USER STATUSES				
<input checked="" type="checkbox"/> RELEASE WORK - RELW <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
REFERENCE INFO				
ETL#: ETL.8390.POLE.WOOD		CREW CLASS: ETLEQP	WORK TYPE CODE:	
SAP EQUIPMENT #: 40873232		CREW SIZE: 00	400	
FUNCTIONAL LOCATION 60241 COLUSA JCT #1+-WOOD POLE (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0		
PLANNER GROUP: TLN		ANTICIPATED MATERIAL COSTS:		
EXECUTION				
REQUIRED END DATE: 11/30/2014	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV		
LOCATION DATA (OPTIONAL INFORMATION)				
STREET ADDRESS: COLUSA #1		CITY:	ZIP (if known): 00000	
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION) 006		
COMPLETION DATES				
REPORTED By (Name and LAN ID): William Beard (WXB7)			DATE FOUND (NOTIF DATE): 11/30/2013	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).				
* 11/26/2013 11:56:16 Christina Dangerfield (CLD9) Phone 916/386-5422 * REPLACE BURIED ANCHOR 3FT. * _____ * _____ * 01/13/2014 10:56:17 Stacie Doyle (SRF5) Phone 916/778-8453				
PER TIM HUDGINS CHANGED WTC FROM 630 TO 400				
Completed by: (Name and LAN ID):		Date: 11/30/2013	Actual Labor Hours:	
Reviewed by: (Name and LAN ID):		Date: / /		

COPY

Copy



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

COLUSA JCT #1 012/260 REPL POLE

INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS		INFORMATION BY QCR UPON	
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0				Order# 31061323
					Created Notification # 107505104
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION		
<input checked="" type="checkbox"/> Pole (SW01)	<input checked="" type="checkbox"/> Rotted (CH07)		<input checked="" type="checkbox"/> Replaced (REPL)		
USER STATUSES					
<input checked="" type="checkbox"/> FOOT ONLY - ACCF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> CLEARANCE REQUIRED - CLR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>					
REFERENCE INFO					
ETL#: ETL.8390.POLE.WOOD		CREW CLASS: ETLEQP		WORK TYPE CODE: 372	
SAP EQUIPMENT #: 40873302		CREW SIZE: 00			
FUNCTIONAL LOCATION 60241 COLUSA JCT #1*-WOOD POLE (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0			
PLANNER GROUP: TLX		ANTICIPATED MATERIAL COSTS:			
EXECUTION					
REQUIRED END DATE: 11/30/2014	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV			
LOCATION DATA (OPTIONAL INFORMATION)					
STREET ADDRESS:		CITY:		ZIP (if known): 00000	
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION) 006			
COMPLETION DATES					
REPORTED By (Name and LAN ID): William Beard (WXB7)			DATE FOUND (NOTIF DATE): 11/30/2013		
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).					
* 12/03/2013 13:42:37 Helen Sakai (HXS4) Phone 209/942-1606					
* REPLACE WITH STEEL IF POSSIBLE, POLE IS IN RICE FIELD.					
Completed by: (Name and LAN ID):		Date: 11/30/2013	Actual Labor-Hours:		
Reviewed by (Name and LAN ID):		Date: / /			

COPY



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

DRUM-SUMMIT #1 17197A INSTALL NEW ANCHOR

INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS		INFORMATION BY QCR UPON	
<input checked="" type="checkbox"/> LC Notification		PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety B = Urgt Compliance C = Emergency Restore Service E = Schd Compl Yr 0		F = Schd Compl Yr 1+ G = Maintenance Compliance P = System Repair/Improvement	
COMPONENT TYPE		DAMAGE CODE		CAUSE CODE	
<input checked="" type="checkbox"/> Anchor (AG10)		<input checked="" type="checkbox"/> Worn/Aged (CH08)		<input checked="" type="checkbox"/> Replaced (REPL)	
USER STATUSES					
<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
REFERENCE INFO					
ETL#: ETL.1440.POLE.WOOD			CREW CLASS: ETLEQP		<u>WORK TYPE CODE:</u>
SAP EQUIPMENT #: 40590111			CREW SIZE: 00		400
FUNCTIONAL LOCATION 10057 DRUM-SUMMIT #1-WOOD POLE (LINE NAME):			<u>ESTIMATED TOTAL LABOR-HOURS TO COMPLETE:</u> (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0		
PLANNER GROUP: TLN			<u>ANTICIPATED MATERIAL COSTS:</u>		
EXECUTION					
<u>REQUIRED END DATE:</u> 07/31/2015		<u>MAIN WORK CENTER:</u> SACTO - Sacramento		<u>VOLTAGE:</u> <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)					
STREET ADDRESS:			CITY:		ZIP (if known): 00000
DIVISION CODE (LOCATION): SA			COUNTY CODE (PLANT SECTION) 031		
COMPLETION DATES					
REPORTED By (Name and LAN ID): Richard Bimson (RBB8)				DATE FOUND (NOTIF DATE): 07/31/2013	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).					
* 08/01/2013 14:12:57 Christina Dangerfield (CLD9) Phone 916/386-5422					
* INSTALL NEW ANCOR.					
* _____					
* _____					
* 01/13/2014 10:56:16 Stacie Doyle (SRF5) Phone 916/778-8453					
PER TIM HUDGINS CHANGED WTC FROM 630 TO 400					
Completed by: (Name and LAN ID):			Date: 07/31/2013	<u>Actual Labor-Hours:</u>	
Reviewed by (Name and LAN ID):			Date: / /		

COPY

	<u>CT Notification</u>		Description	OIS/EVENT:	
	Notif #:	107207269	WTC: 435	179-SWIT_BROK_REPA - Off Penryn Rd E/o T	
Reference Info					Malfunction Start: 10/28/2013
Operating #: 179		PIN #: 122			Date Reported: 10/28/2013
<input type="checkbox"/> Cable <input type="checkbox"/> Distribution <input checked="" type="checkbox"/> Transmission <input type="checkbox"/> Substation					Plat Map #:
					Circuit #: 60179 PLACER-DEL M
					ASSD:
Location Data					Div: Sacramento
Main Work Center:		SACTO ECES Sacramento			MPG: TLP - ET Poles
Address:		Off Penryn Rd E/o Taylor Rd-Penryn,,			County Code: Placer County
Xsts:					Road Map #:
GPS Lat: 38.843666		GPS Long: 121.167463-			Area:
User Statuses	CNCL, ESTR, LEAD, POHW				
Priority	F - Low (90-120 Day)			Required End Date: 06/30/2014 ✓	
Facility	Damage	Action	Cause	Components	
SWIT Switch	BROK Broken/Damaged	REPA Repair	OTHR Other	ST-C Contacts	
SWIT Switch	BROK Broken/Damaged	REPL Replace	OTHR Other	ST-L Load Breaking Device	
Elec Crew Size:					
Completed by:		Date: 10/28/2013		Actual Mhrs:	
Comments: 10/28/2013 13:38:16 Christopher Hamilton (CMHX) Phone 707/449-6700 <DOTO> This Switch needs attachments!					
----- 11/26/2013 10:29:58 Angie Luz (ALCI) Phone 530/906-0293 Changed from: Duedate=02/25/2014, Changed to: Duedate=06/30/2014, Per Eric Barron ok to for date change. 06/30/14. ✓ SUPERINTENDENT 04/01/2014 11:29:53 Angie Luz (ALCI) Phone 530/906-0293 Notification belongs to Substation. Notification needs to be delete flagged.					
Additional Comments:					

COPY

2-17

COMPLETED NO ISSUES

PGE Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text -40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 DRUM SUMMIT #1 NR GRD PATROL		
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS		INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P			Order# 41929224
	A = Immed/Safety B = Urgt Compliance C = Emergency Restore Service E = Schd Compl Yr 0			F = Schd Compl Yr 1+ G = Maintenance Compliance P = System Repair/Improvement
COMPONENT TYPE	DAMAGE CODE		CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Emergency Ground Patrol	<input checked="" type="checkbox"/> Other (CH10)			<input checked="" type="checkbox"/> Completed By : (COMP)
USER STATUSES				
<input checked="" type="checkbox"/> LIGHT EQUIPMENT - ACCL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> INSPECTION - INSP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> PG&E AUDIT - PGEA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> RELEASE WORK - RELW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFERENCE INFO				
ETL#: ETL.1450		CREW CLASS:		WORK TYPE CODE:
SAP EQUIPMENT #:		CREW SIZE: 00		539
FUNCTIONAL LOCATION 10058 DRUM-SUMMIT #2 (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time)		
PLANNER GROUP: TLN		0.0 ANTICIPATED MATERIAL COSTS:		
EXECUTION				
REQUIRED END DATE: 07/11/2013	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV		
LOCATION DATA (OPTIONAL INFORMATION)				
STREET ADDRESS:		CITY:	ZIP (if known): 00000	
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION) 029		
COMPLETION DATES				
REPORTED BY (Name and LAN ID): Richard Bimson (RBB8)			DATE FOUND (NOTIF DATE): 07/11/2013	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).				
* 07/17/2013 16:53:54 Aida Luna (AXRU) Phone 530/896-4277				
* PER BIMSON ON 7/11/2013 NR RTN PATROL TO OK POLES FOR CASIO AUDIT.				
Completed by: (Name and LAN ID):		Date: 07/11/2013	Actual Labor-Hours:	
Reviewed by (Name and LAN ID):		Date: / /		

COPY

905



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text -40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

PLACER-DEL MAR SWITCHING FOR ETM

INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P	A = Immed/Safety B = Urgt Compliance C = Emergency Restore Service E = Schd Compl Yr 0	F = Schd Compl Yr 1+ G = Maintenance Compliance P = System Repair/Improvement
			Order# 41920893 Created Notification # 107010094
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Other (Describe) (IH10)	<input checked="" type="checkbox"/> Other (CH10)		<input checked="" type="checkbox"/> Other (ZOTH) <input checked="" type="checkbox"/> Completed (ZZ02)
USER STATUSES			
<input checked="" type="checkbox"/> COMPLETED - COMP <input checked="" type="checkbox"/> RELEASE WORK - RELW <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.7800	CREW CLASS: ETLEQP	WORK TYPE CODE:	
SAP EQUIPMENT #:	CREW SIZE: 00	924	
FUNCTIONAL LOCATION 60179 PLACER-DEL MAR+ (LINE NAME):	ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time)		
PLANNER GROUP: TLN	0.0		
ANTICIPATED MATERIAL COSTS:			
EXECUTION			
REQUIRED END DATE: 07/30/2013	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS:	CITY:	ZIP (if known): 00000	
DIVISION CODE (LOCATION): SA	COUNTY CODE (PLANT SECTION)	031	
COMPLETION DATES			
REPORTED By (Name and LAN ID): Richard Bimson (RBB8)		DATE FOUND (NOTIF DATE): 07/01/2013	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 07/03/2013 07:18:40 Christina L. Dangerfield (CLD9) Phone 916/386-5422			
* SWG FOR EMERGENCY LOAD TRANSFER PER NBS/VACA GCC.			
* _____			
* _____			
* 07/29/2013 11:19:37 Christina Dangerfield (CLD9) Phone 916/386-5422			
* PER RICK BIMSON COMPLETED 6/30/13.			
* _____			
Completed by: (Name and LAN ID):	Richard Bimson (RBB8)	Date: 06/30/2013	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

COPY



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

BRIGHTON-GRAND ISLAND #1 NR GRND PATROL

INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS		INFORMATION BY QCR UPON	
<input checked="" type="checkbox"/> LC Notification		PRIORITY CHOICES: <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement D = Schd Compl Yr 0		Order# 41875893 Created Notification # 106855632	
COMPONENT TYPE		DAMAGE CODE	CAUSE CODE	ACTION	
<input checked="" type="checkbox"/> Other (Describe) (IH10)		<input checked="" type="checkbox"/> Other (CH10)		<input checked="" type="checkbox"/> Patrolled Ground (PATG) <input checked="" type="checkbox"/> Completed (ZZ02)	
USER STATUSES					
<input checked="" type="checkbox"/> COMPLETED - COMP <input checked="" type="checkbox"/> RELEASE WORK - RELW <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
REFERENCE INFO					
ETL#: ETL.1150			CREW CLASS: ETLEQP		WORK TYPE CODE:
SAP EQUIPMENT #:			CREW SIZE: 00		539
FUNCTIONAL LOCATION 10022 BRIGHTON-GRAND ISLAND #1+ (LINE NAME):			ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0		
PLANNER GROUP: TLN			ANTICIPATED MATERIAL COSTS:		
EXECUTION					
REQUIRED END DATE: 04/01/2013		MAIN WORK CENTER: SACTO - Sacramento		VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)					
STREET ADDRESS:		CITY:		ZIP (if known): 00000	
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION) 007			
COMPLETION DATES					
REPORTED By (Name and LAN ID): William Beard (WXB7)				DATE FOUND (NOTIF DATE): 03/30/2013	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).					
* 04/02/2013 09:41:12 Christina L. Dangerfield (CLD9) Phone 916/386-5422 * NON ROUTINE GRD PATROL FOR MOMENTARY ON 3/30/13. * _____ * PER BILL BEARD, PATROLED 4/34 THRU 6/50 AND 20/155 THRU 21/162 WITH NO * PROBLEM FOUND @ EITHER LOCATIONS. COMPLETED 4/1/13. * _____					
Completed by: William Beard (WXB7) (Name and LAN ID):		Date: 04/01/2013		Actual Labor-Hours:	
Reviewed by (Name and LAN ID):		Date: / /			

COPY

106



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

DRUM-RIO OSO #1 NR AIR PATROL

INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS		INFORMATION BY QCR UPON	
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety B = Urgt Compliance C = Emergency Restore Service E = Schd Compl Yr 0 F = Schd Compl Yr 1+ G = Maintenance Compliance P = System Repair/Improvement				Order# 41950147
					Created Notification # 107114878
COMPONENT TYPE	DAMAGE CODE		CAUSE CODE	ACTION	
<input checked="" type="checkbox"/> Other (Describe) (IH10)	<input checked="" type="checkbox"/> Other (CH10)			<input checked="" type="checkbox"/> Patrolled Air (PATA) <input checked="" type="checkbox"/> Completed (ZZ02)	
USER STATUSES					
<input checked="" type="checkbox"/> COMPLETED - COMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> RELEASE WORK - RELW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFERENCE INFO					
ETL#: ETL.1420			CREW CLASS: ETLEQP	WORK TYPE CODE:	
SAP EQUIPMENT #:			CREW SIZE: 00	538	
FUNCTIONAL LOCATION 10055 DRUM-RIO OSO #1 (LINE NAME):			ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time)		
PLANNER GROUP: TLN			0.0		
ANTICIPATED MATERIAL COSTS:					
EXECUTION					
REQUIRED END DATE: 09/30/2013	MAIN WORK CENTER: SACTO - Sacramento		VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV		
LOCATION DATA (OPTIONAL INFORMATION)					
STREET ADDRESS:		CITY:		ZIP (if known): 00000	
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION)		029	
COMPLETION DATES					
REPORTED BY (Name and LAN ID): David Wiley (DAWN)				DATE FOUND (NOTIF DATE): 09/03/2013	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).					
* 09/03/2013 13:54:35 Christina Dangerfield (CLD9) Phone 916/386-5422					
* NON-ROUTINE PATROL FOR SUSTAINED OUTAGE.					
* _____					
* _____					
* 09/05/2013 12:24:37 Christina Dangerfield (CLD9) Phone 916/386-5422					
* PER DAVID WILEY DAWN, COMPLETED 9/4/13					
* _____					
Completed by: David Wiley (DAWN) (Name and LAN ID):		Date: 09/04/2013	Actual Labor-Hours:		

COPY

YOUNG

2-18



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

DRUM-RIO OSO #1 NR AIR PATROL

Reviewed by

(Name and LAN ID):

Date: / /

2-18

2-18



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

RIO OSO-WOODLAND #1 NR GROUND PATROL

INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS		INFORMATION BY QCR UPON	
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P		A = Immed/Safety B = Urgt Compliance C = Emergency Restore Service E = Schd Compl Yr 0 F = Schd Compl Yr 1+ G = Maintenance Compliance P = System Repair/Improvement		Order# 41893841
					Created Notification # 106919462
COMPONENT TYPE	DAMAGE CODE		CAUSE CODE		ACTION
<input checked="" type="checkbox"/> Other (Describe) (IH10)	<input checked="" type="checkbox"/> Other (CH10)				<input checked="" type="checkbox"/> Patrolled Ground (PATG) <input checked="" type="checkbox"/> Completed (ZZ02)
USER STATUSES					
<input checked="" type="checkbox"/> COMPLETED - COMP <input checked="" type="checkbox"/> RELEASE WORK - RELW <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
REFERENCE INFO					
ETL#: ETL.3460		CREW CLASS: ETLEQP		<u>WORK TYPE CODE:</u>	
SAP EQUIPMENT #:		CREW SIZE: 00		539	
FUNCTIONAL LOCATION 10280 RIO OSO-WOODLAND #1+ (LINE NAME):		<u>ESTIMATED TOTAL LABOR-HOURS TO COMPLETE:</u> (labor-hours = Crew Size x Hours to Complete - no travel time)			
PLANNER GROUP: TLN		0.0 <u>ANTICIPATED MATERIAL COSTS:</u>			
EXECUTION					
REQUIRED END DATE: 05/01/2013	MAIN WORK CENTER: SACTO - Sacramento		VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV		
LOCATION DATA (OPTIONAL INFORMATION)					
STREET ADDRESS:		CITY:		ZIP (if known): 00000	
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION)		051	
COMPLETION DATES					
REPORTED By (Name and LAN ID): Steve Cooper (SXC9)			DATE FOUND (NOTIF DATE): 04/30/2013		
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).					
* 05/07/2013 10:50:07 Christina L. Dangerfield (CLD9) Phone 916/386-5422					
* NON-ROUTINE GRND PATROL DUE TO MOMENTARY ON 4/30/13 @ 10:08 & 20:46 HRS.					
* FAULT LOCATION GIVEN AS .5MI TO 3MI FROM SW 137 MADISON SUB TWDS RIO OSO					
* SUB. "B" PHASE TO GRND.					
* _____					
* PER STEVE COOPER SXC9, PATROLLED FROM MADISON SUB POLE 34/235 TO 32/207,					
* 2X'S NO CAUSE FOUND, COMPLETED 5/1/13.					
* _____					
Completed by: Steve Cooper (SXC9) (Name and LAN ID):		Date: 05/01/2013	Actual Labor-Hours:		

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**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text –40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

RIO OSO-WOODLAND #1 NR GROUND PATROL

Reviewed by

(Name and LAN ID):

Date: / /

2-19



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text -40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

REAS- RIO OSO-WOODLAND #1 16/98 RPL DAMB

INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS		INFORMATION BY QCR UPON	
LC Notification <input checked="" type="checkbox"/>		PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety B = Urgt Compliance C = Emergency Restore Service E = Schd Compl Yr 0		Order# 41876092 F = Schd Compl Yr 1+ G = Maintenance Compliance P = System Repair/Improvement Created Notification # 106856203	
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION		
<input checked="" type="checkbox"/> Damper (CF07)	<input checked="" type="checkbox"/> Loose (MC08)				
USER STATUSES					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFERENCE INFO					
ETL#: ETL.3460.TOWR		CREW CLASS: ETLEQP		WORK TYPE CODE:	
SAP EQUIPMENT #: 40865481		CREW SIZE: 00		599	
FUNCTIONAL LOCATION 10280 RIO OSO-WOODLAND #1+-TOWER (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0			
PLANNER GROUP: TLN		ANTICIPATED MATERIAL COSTS:			
EXECUTION					
REQUIRED END DATE: 05/31/2013	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV			
LOCATION DATA (OPTIONAL INFORMATION)					
STREET ADDRESS:	CITY:	ZIP (if known):			
DIVISION CODE (LOCATION): SA	COUNTY CODE (PLANT SECTION)	057			
COMPLETION DATES					
REPORTED BY (Name and LAN ID): William Beard (WXB7)			DATE FOUND (NOTIF DATE): 05/17/2012		
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X-St;GPS Coord; more detailed description of work required).					
* 04/02/2013 14:29:32 Stacie R. Doyle (SRF5) Phone 916/772-7044					
* Reassessment of Notification: 000106072292					
* 06/05/2012 06:52:11 Christina L. Dangerfield (CLD9) Phone 916/386-5422					
* DAMPERS LOOSE, REPLACE TOP & BOTTOM.					
* _____					
* 05/23/2013 14:17:26 Christina L. Dangerfield (CLD9) Phone 916/386-5422					
* NOTIFICATION REASSESSED BY JOHN HANDY JEH6, 5/22/13 AND POSTPONE THE REQUIRED END DATE UNTIL NEXT PATROL 5/31/14. NO SAFETY OR RELIABILITY ISSUE AT THIS TIME.					
* _____					

COPY



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text -40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

REAS- RIO OSO-WOODLAND #1 16/98 RPL DAMB

Completed by: (Name and LAN ID):	Date: <u>05/22/2013</u>	Actual Labor-Hours:
Reviewed by (Name and LAN ID):	Date: / /	



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

REAS- WOODLAND-DAVIS 6/117 RPL INSULATOR

INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS		INFORMATION BY QCR UPON	
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0			Order# 41836321 Created Notification # 106590071	
	COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION	
<input checked="" type="checkbox"/> NCI - Post (IH06)	<input checked="" type="checkbox"/> Flashed (EL05)				
USER STATUSES					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFERENCE INFO					
ETL#: ETL.4210.POLE.WOOD		CREW CLASS: ETLEQP		WORK TYPE CODE:	
SAP EQUIPMENT #: 40813153		CREW SIZE: 00		599	
FUNCTIONAL LOCATION 10359 WOODLAND-DAVIS-WOOD POLE (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time)			
PLANNER GROUP: TLN		0.0			
ANTICIPATED MATERIAL COSTS:					
EXECUTION					
REQUIRED END DATE: 02/28/2013	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV			
LOCATION DATA (OPTIONAL INFORMATION)					
STREET ADDRESS:		CITY:		ZIP (if known):	
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION)		057	
COMPLETION DATES					
REPORTED BY (Name and LAN ID): Steve Cooper (SXC9)			DATE FOUND (NOTIF DATE): 01/24/2012		
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X-St;GPS Coord; more detailed description of work required).					
* 12/20/2012 09:07:27 Angie L. Luz (ALCI) Phone 530/906-0293					
* Reassessment of Notification: 000105940587					
* 02/23/2012 11:01:17 Christina L. Dangerfield (CLD9) Phone 916/386-5422					
* WEST PHASE NON-CERAMIC INSULATOR IS FLASHED.					
* _____					
* 02/27/2013 13:15:28 Christina L. Dangerfield (CLD9) Phone 916/386-5422					
* NOTIFICATION REASSESSED BY JOHN HANDY JEH6 2/27/13 AND POSTPONE THE REQUIRED END DATE UNTIL NEXT PATROL 2/27/14. NO CHANGE, MINOR DAMAGE, NO SAFETY OR RELIABILITY ISSUE AT THIS TIME.					
* _____					

COPY



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

REAS- WOODLAND-DAVIS 6/117 RPL INSULATOR

Completed by:

(Name and LAN ID):

Date: 02/27/2013

Actual Labor-Hours:

Reviewed by

(Name and LAN ID):

Date: / /



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

DRUMM-SUMMIT #2 13/152 RPL POLE LEFT/NER

INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS		INFORMATION BY QCR UPON	
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0				Order# 30884638
					Created Notification # 106059204
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION		
<input checked="" type="checkbox"/> Pole (SW01)	<input checked="" type="checkbox"/> Encroachment (EL14)		<input checked="" type="checkbox"/> Completed By : (COMP) <input checked="" type="checkbox"/> Replaced (REPL)		
USER STATUSES					
<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFERENCE INFO					
ETL#: ETL.1450.POLE.WDPS	CREW CLASS: ETLEQP		WORK TYPE CODE:		
SAP EQUIPMENT #: 40602616	CREW SIZE: 00		400		
FUNCTIONAL LOCATION 10058 DRUM-SUMMIT #2-WOOD POLE STR (LINE NAME):	<u>ESTIMATED TOTAL LABOR-HOURS TO COMPLETE:</u> (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0				
PLANNER GROUP: TLN	<u>ANTICIPATED MATERIAL COSTS:</u>				
EXECUTION					
<u>REQUIRED END DATE:</u> 12/31/2013	<u>MAIN WORK CENTER:</u> SACTO - Sacramento	<u>VOLTAGE:</u> <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV			
LOCATION DATA (OPTIONAL INFORMATION)					
STREET ADDRESS:	CITY:		ZIP (if known): 00000		
DIVISION CODE (LOCATION): SA	COUNTY CODE (PLANT SECTION)		029		
COMPLETION DATES					
REPORTED By (Name and LAN ID): KYLE BROSS			DATE FOUND (NOTIF DATE): 05/22/2012		
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).					
* 05/22/2012 09:20:25 Aida Luna (AXRU) Phone 530/896-4277					
* PER KYLE BROSS POLE WILL BE REPLACE DUE TO A FERC/NERC PROJECT					
* 11/18/2013 15:38:02 Charlene McLeod (CMMD) Phone 209/942-1669					
* ILB REPLACED POLE ON 11/6/2013 PER INSPECTOR JOHN LOPES					
Completed by: ILB (Name and LAN ID):	Date: 11/06/2013	Actual Labor-Hours:			
Reviewed by (Name and LAN ID):	Date: / /				

COPY



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

DRUMM-SUMMIT #2 13/152 RPL POLE RIGH/NER

INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES:	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P	Order# 30884638
	A = Immed/Safety B = Urgt Compliance C = Emergency Restore Service E = Schd Compl Yr 0	F = Schd Compl Yr 1+ G = Maintenance Compliance P = System Repair/Improvement	Created Notification # 106059293
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Pole (SW01)	<input checked="" type="checkbox"/> Encroachment (EL14)		<input checked="" type="checkbox"/> Completed By : (COMP) <input checked="" type="checkbox"/> Replaced (REPL)
USER STATUSES			
<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.1450.POLE.WDPS		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40602616		CREW SIZE: 00	400
FUNCTIONAL LOCATION 10058 DRUM-SUMMIT #2-WOOD POLE STR (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0	
PLANNER GROUP: TLN		ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 12/31/2013	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS:	CITY:	ZIP (if known): 00000	
DIVISION CODE (LOCATION): SA	COUNTY CODE (PLANT SECTION) 029		
COMPLETION DATES			
REPORTED BY (Name and LAN ID): KYLE BROSS		DATE FOUND (NOTIF DATE): 05/22/2012	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 05/22/2012 09:53:01 Aida Luna (AXRU) Phone 530/896-4277			
* PER KYLE BROSS POLE WILL BE REPLACE DUE TO A FERC/NERC PROJECT			
* 11/19/2013 08:09:01 Charlene McLeod (CMMD) Phone 209/942-1669			
* ILB REPLACED POLE ON 11/06/2013 PER INSPECTOR JOHN LOPES			
Completed by: ILB (Name and LAN ID):	Date: 11/06/2013	Actual Labor-Hours:	
Reviewed by (Name and LAN ID):	Date: / /		

COPY



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

DIXON-VACA #2 015/322 REPL POLE

INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS		INFORMATION BY QCR UPON	
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0				Order# 30885057
					Created Notification # 105191028
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION		
<input checked="" type="checkbox"/> Pole (SW01)	<input checked="" type="checkbox"/> Rotted (CH07)		<input checked="" type="checkbox"/> Assessed (ASSS)	<input checked="" type="checkbox"/> Completed By : (COMP)	<input checked="" type="checkbox"/> Replaced (REPL)
USER STATUSES					
<input checked="" type="checkbox"/> RELEASE WORK - RELW	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
REFERENCE INFO					
ETL#: ETL.6740.POLE.WOOD		CREW CLASS: ETLEQP		WORK TYPE CODE: 372	
SAP EQUIPMENT #: 40759665		CREW SIZE: 03			
FUNCTIONAL LOCATION 60067 DIXON-VACA #2+-WOOD POLE (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 2.0			
PLANNER GROUP: TLX		ANTICIPATED MATERIAL COSTS:			
EXECUTION					
REQUIRED END DATE: 03/30/2014 ✓	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV			
LOCATION DATA (OPTIONAL INFORMATION)					
STREET ADDRESS: Dixon-Vaca #2	CITY: Davis	ZIP (if known):			
DIVISION CODE (LOCATION): SA	COUNTY CODE (PLANT SECTION) 048				
COMPLETION DATES					
REPORTED BY (Name and LAN ID): OSMOSE			DATE FOUND (NOTIF DATE): 11/13/2010 ✓		
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).					
* 01/27/2011 09:44:53 Helen Sakai (HXS4) Phone 209/942-1669					
* PER OSMOSE REPORT, REPLACE POLE.					
C _____					
* 01/11/2012 13:14:43 Donna K. Thorne (DKT1) Phone 831/633-6935 Data					
Cleansing: Move Req End Date to 11/30/2015.					
C _____					
* 02/22/2012 14:33:52 Katie E. Martin (KEO9) Phone 916/408-3292 After further review of pole process, the superintendents have decided to move #pole# (TLX/372/400) notifications back to original date to allow the contract group to manage.					
C _____					

COPY



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

DIXON-VACA #2 015/322 REPL POLE

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

* 04/18/2012 14:19:51 Chris Giranis (CXG3) Phone 916/760-1940

* Added LC #106015866 per CMMD

C -----

* 06/04/2012 07:39:30 Naomi A. Tamayo (NAV3) Phone 916/760-1959

* 30885057E SAC RMC DMD RECEIVED THE DM1, REQUEST FOR ENVIRO REVIEW. DMD

* FOLLOW UP CREATED.

C -----

* 06/14/2012 16:19:07 John B. Barton (JBBA) Phone 916/760-5375

* ADE REVIEW COMPLETE. JOB TO CXG3 FOR SUPERVISOR APPR.

* #####

C -----

* 06/19/2012 07:34:28 Chris Giranis (CXG3) Phone 916/760-1940

* 30885057E Estimate approved, changed status to PEND, forward to Laurie

* Sholler.

C -----

* 06/20/2012 07:46:04 Ana K. Bellestri (AKL8) Phone 916/760-1919 XXXX

* 30885057E SAC RMC DMD TASK REVIEW, ENVIRO REVIEW IS OUTSTANDING.

*

C -----

* 06/23/2012 14:39:53 Laurie A. Sholler (LFP1) Phone 559/263-5041

* 30885057 - copies ready for distribution pending release from SAC RMC

* DMD

*

* 10/10/2012 10:52:00 Angie L. Luz (ALCI) Phone 530/906-0293

* Reassess notification no -000106240213

* 11/14/2012 13:06:09 Christina L. Dangerfield (CLD9) Phone 916/386-5422

* SACRAMENTO T-LINE JOHN HANDY, JEH6, REASSESSED THIS NOTIFICATION

11/14/12 AND POSTPONE THE REQUIRED END DATE UNTIL NEX PATROL 3/30/13. NO

SAFETY OR RELIABILITY ISSUE AT THIS TIME.

*

* 11/14/2012 13:07:38 Christina L. Dangerfield (CLD9) Phone 916/386-5422

* CORRECTION END DATE 3/30/14.

*

*

* 03/04/2013 12:55:39 Ana K. Bellestri (AKL8) Phone 916/760-1919 XXXX

* 30885057E SAC RMC DMD WAS CC'D ON DM3 BY ROBYN SALVADORI, JOB RELEASEABLE

* P/TASK SCREEN; SENT LFP1 DM8 TO RELEASE TO CONSTRUCTION.

*

*

* 03/16/2013 09:18:49 Laurie A. Sholler (LFP1) Phone 559/263-5041

* 30885057 - rec'd DM8, copies to Charlene McLeod

*

* 03/22/2013 13:26:38 Lori G. Moran (LXMP) Phone 916/386-5079

* 30885057E Mapping Received As-Built package

*

* 03/22/2013 16:30:06 Charlene M. McLeod (CMMD) Phone 209/942-1669

* RECEIVED COPIES IN VICTOR. UNABLE TO ORDER POLES AT THIS TIME. FILED JOB



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text -40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

DIXON-VACA #2 015/322 REPL POLE

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

* IN UA.

* -----

* 10/09/2013 08:04:33 Charlene McLeod (CMMD) Phone 209/942-1669

* JOB REDLINED PER KIICHI MATSUNO FROM A 55/H1 WOOD TO A 55/C1 WOOD. ADDED

* TO SAP.

* EMAILED MATERIALS TO RELEASE 2 55/C1 WOOD POLES AND 1 55/C1 STEEL POLE

* AND SEND TO SHIFFLETS.

* **JOB HAS BEEN ASSIGNED TO ILB TO COMPLETE IN 2013**

* -----

* 10/10/2013 15:57:20 Charlene McLeod (CMMD) Phone 209/942-1669

* JOB PACKETS GIVEN TO MIKE WITH ILB TO GIVE TO BRAD GRAY

* 11/22/2013 13:33:07 Charlene McLeod (CMMD) Phone 209/942-1669

* ILB REPLACED POLE ON 11/21/2013 PER INSPECTOR JOHN LOPES

* -----

* 01/07/2014 15:17:44 Helen Sakai (HXS4) Phone 209/942-1606

* ORIGINAL CLOSED JOB PACKAGE SENT TO L. SHOLLER FOR MAPPING & CLOSING.

* -----

* 02/03/2014 12:32:55 Laurie Sholler (LFP1) Phone 559/263-5041

* 30885057 - to mapping - Greg Hernandez

* -----

* 02/10/2014 07:32:01 Lori Moran (LXMP) Phone 916/386-5079

* 30885057E Mapping Received As-Built package

* -----

* 02/13/2014 15:14:17 Lori Moran (LXMP) Phone 916/386-5079

* 30885057E Mapping Completed map & record posting, pending lead review

Completed by: (Name and LAN ID):	Date: 11/21/2013	Actual Labor-Hours:
Reviewed by (Name and LAN ID):	Date: / /	

2-20



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

DIXON-VACA #2 15/334 REPLACE POLE

INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P	A = Immed/Safety B = Urgt Compliance C = Emergency Restore Service E = Schd Compl Yr 0	F = Schd Compl Yr 1+ G = Maintenance Compliance P = System Repair/Improvement
			Order# 30885057 Created Notification # 106015866
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Pole (SW01)	<input checked="" type="checkbox"/> Other (CH10)		<input checked="" type="checkbox"/> Completed By : (COMP) <input checked="" type="checkbox"/> Replaced (REPL) <input checked="" type="checkbox"/> Other (ZOTH)
USER STATUSES			
<input checked="" type="checkbox"/> MEDIUM EQUIPMENT - ACCM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> CLEARANCE REQUIRED - CLR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.6740.POLE.WOOD	CREW CLASS: ETLEQP	WORK TYPE CODE:	
SAP EQUIPMENT #: 40874413	CREW SIZE: 00	372	
FUNCTIONAL LOCATION 60067 DIXON-VACA #2+-WOOD POLE (LINE NAME):	ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time)		
PLANNER GROUP: TLX	0.0 ANTICIPATED MATERIAL COSTS:		
EXECUTION			
REQUIRED END DATE: 03/31/2014	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: OLD DAVIS ROAD - UC WASTEWATER	CITY: DAVIS	ZIP (if known):	95616
DIVISION CODE (LOCATION): SA	COUNTY CODE (PLANT SECTION) 057		
COMPLETION DATES			
REPORTED By (Name and LAN ID): Steve Cooper (SXC9)	DATE FOUND (NOTIF DATE): 03/08/2012		
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 04/16/2012 12:26:19 Charlene M. McLeod (CMMD) Phone 209/942-1669			
* POLE SURROUNDED BY ELBERRBERRY-NO ACCESS TO POLE DUE TO ELDERBERRY SHRUB			
*-RELOCATE & REPLACE POLE OUT OF HABITAT ON UC DAVIS WASTEWATER TREATMENT			
* PLANT PROPERTY-CAN'T INSPECT POLE DUE TO ACCESS.			
* REPLACE POLE-FOUND TO BE N/G-NOT SUITABLE TO STUB. DELETE FLAGGED EL			
* 104791186 TO RELOCATE DUE TO CREATION OF REPLACE POLE LC.			
* -REPLACE AND RELOCATE POLE AT SAME TIME			
*			
* 11/22/2013 13:35:37 Charlene McLeod (CMMD) Phone 209/942-1669			
* ILB REPLACED POLE ON 11/21/2013 PER INSPECTOR JOHN LOPES			

COPY

750

2-2



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

DIXON-VACA #2 15/334 REPLACE POLE

Completed by: ILB

(Name and LAN ID):

Date: 11/22/2013

Actual Labor-Hours:

Reviewed by:

(Name and LAN ID):

Date: / /

2 - 21



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

DIXON-VACA #2 A6/126 ADJUST LEANING POLE

INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS		INFORMATION BY QCR UPON	
<input checked="" type="checkbox"/> LC Notification		PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# 41514805 Created Notification # 106121900	
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION		
<input checked="" type="checkbox"/> Pole (SW01)	<input checked="" type="checkbox"/> Out of plumb (MC18)		<input checked="" type="checkbox"/> Adjusted (ADJU) <input checked="" type="checkbox"/> Completed (ZZ02)		
USER STATUSES					
<input checked="" type="checkbox"/> COMPLETED - COMP <input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
REFERENCE INFO					
ETL#: ETL.6740.POLE.WOOD		CREW CLASS: ETLEQP		WORK TYPE CODE:	
SAP EQUIPMENT #: 40601265		CREW SIZE: 00		630	
FUNCTIONAL LOCATION 60067 DIXON-VACA #2+-WOOD POLE (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time)			
PLANNER GROUP: TLN		0.0			
ANTICIPATED MATERIAL COSTS:					
EXECUTION					
REQUIRED END DATE: 03/31/2014	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV			
LOCATION DATA (OPTIONAL INFORMATION)					
STREET ADDRESS:		CITY:	ZIP (if known): 00000		
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION) 048			
COMPLETION DATES					
REPORTED BY (Name and LAN ID): Richard Bimson (RBB8)			DATE FOUND (NOTIF DATE): 07/10/2012		
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).					
* 07/11/2012 09:53:33 Christina L. Dangerfield (CLD9) Phone 916/386-5422					
* STRAIGHTEN LEANING POLE.					
* _____					
* _____					
* 06/24/2013 14:04:28 Stacie R. Doyle (SRF5) Phone 916/778-8453					
* Reassess notification no -000106994015					
* 07/18/2013 09:50:58 Aida Luna (AXRU) Phone 530/896-4277					
* per john handy on 7/15/2013, reassessed, no safety or reliability issue					
at this time postpone until next patrol (3/2014)					
* _____					
* 12/12/2013 13:34:32 Christina Dangerfield (CLD9) Phone 916/386-5422					

COPY

22

2-22



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

DIXON-VACA #2 A6/126 ADJUST LEANING POLE

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS, Coord; more detailed description of work required).

* PER RAMON MALDONADO, ROM4, COMPLETED 12/11/13.

* _____

Completed by: Ramon Maldonado (ROM4) (Name and LAN ID):	Date: 12/11/2013	Actual Labor-Hours:
----------------------------------------------------------------------	-------------------------	----------------------------

Reviewed by (Name and LAN ID):	Date: / /	
------------------------------------------	------------------	--

2-22

2-22



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

DIXON-VACA #2 17/357 ADJUST LEANING POLE

INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS		INFORMATION BY QCR UPON	
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P			F = Schd Compl Yr 1+ G = Maintenance Compliance P = System Repair/Improvement	
	A = Immed/Safety B = Urgt Compliance C = Emergency Restore Service E = Schd Compl Yr 0			Order# 41514805 Created Notification # 106121901	
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION		
<input checked="" type="checkbox"/> Pole (SW01)	<input checked="" type="checkbox"/> Out of plumb (MC18)		<input checked="" type="checkbox"/> Adjusted (ADJU) <input checked="" type="checkbox"/> Completed (ZZ02)		
USER STATUSES					
<input checked="" type="checkbox"/> COMPLETED - COMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFERENCE INFO					
ETL#: ETL.6740.POLE.WOOD	CREW CLASS: ETLEQP		WORK TYPE CODE: 630		
SAP EQUIPMENT #: 40695501	CREW SIZE: 00				
FUNCTIONAL LOCATION 60067 DIXON-VACA #2+-WOOD POLE (LINE NAME):	ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time)				0.0
PLANNER GROUP: TLN	ANTICIPATED MATERIAL COSTS:				
EXECUTION					
REQUIRED END DATE: 03/31/2014	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV			
LOCATION DATA (OPTIONAL INFORMATION)					
STREET ADDRESS:	CITY:	ZIP (if known): 00000			
DIVISION CODE (LOCATION): SA	COUNTY CODE (PLANT SECTION) 048				
COMPLETION DATES					
REPORTED By (Name and LAN ID): Richard Bimson (RBB8)	DATE FOUND (NOTIF DATE): 07/10/2012				
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).					
* 07/11/2012 09:54:40 Christina L. Dangerfield (CLD9) Phone 916/386-5422					
* STRAIGHTEN LEANING POLE.					
* _____					
* _____					
* 06/24/2013 14:04:29 Stacie R. Doyle (SRF5) Phone 916/778-8453					
* Reassess notification no -000106994016					
* 07/18/2013 09:50:26 Aida Luna (AXRU) Phone 530/896-4277					
* per john handy on 7/15/2013, reassessed, no safety or reliability issue					
at this time postpone until next patrol (3/2014)					
* _____					
* 12/16/2013 10:07:13 Christina Dangerfield (CLD9) Phone 916/386-5422					

COPY

2-23



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

DIXON-VACA #2 17/357 ADJUST LEANING POLE

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St; GPS Coord; more detailed description of work required).

* PER JAMES HOWARD, JOHF, COMPLETED 12/12/13, 6HRS.

* _____

Completed by: JOHF (Name and LAN ID):	Date: 12/12/2013	Actual Labor-Hours:
Reviewed by (Name and LAN ID):	Date: / /	

2-23



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

DIXON-VACA #2 17/358 ADJUST LEANING POLE

INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	<u>PRIORITY CHOICES:</u>	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P	Order# 41514805
	A = Immed/Safety B = Urgt Compliance C = Emergency Restore Service E = Schd Compl Yr 0	F = Schd Compl Yr 1+ G = Maintenance Compliance P = System Repair/Improvement	Created Notification # 106121902
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Pole (SW01)	<input checked="" type="checkbox"/> Out of plumb (MC18)		<input checked="" type="checkbox"/> Adjusted (ADJU) <input checked="" type="checkbox"/> Completed (ZZ02)
USER STATUSES			
<input checked="" type="checkbox"/> COMPLETED - COMP <input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.6740.POLE.WOOD	CREW CLASS: ETLEQP	WORK TYPE CODE: 630	
SAP EQUIPMENT #: 40657505	CREW SIZE: 00		
FUNCTIONAL LOCATION 60067 DIXON-VACA #2+-WOOD POLE (LINE NAME):	ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0		
PLANNER GROUP: TLN	ANTICIPATED MATERIAL COSTS:		
EXECUTION			
REQUIRED END DATE: 03/31/2014	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS:	CITY:	ZIP (if known): 00000	
DIVISION CODE (LOCATION): SA	COUNTY CODE (PLANT SECTION)	048	
COMPLETION DATES			
REPORTED BY (Name and LAN ID): Richard Bimson (RBB8)	DATE FOUND (NOTIF DATE): 07/10/2012 -		
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 07/11/2012 09:56:22 Christina L. Dangerfield (CLD9) Phone 916/386-5422			
* STRAIGHTEN LEANING POLE.			
* _____			
* _____			
* 06/24/2013 14:04:30 Stacie R. Doyle (SRF5) Phone 916/778-8453			
* Reassess notification no -000106994017			
* 07/18/2013 09:49:52 Aida Luna (AXRU) Phone 530/896-4277			
* per john handy on 7/15/2013, reassessed, no safety or reliability issue			
at this time postpone until next patrol (3/2014)			
* _____			
* 12/16/2013 10:06:24 Christina Dangerfield (CLD9) Phone 916/386-5422			

COPY

2-24



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

DIXON-VACA #2 17/358 ADJUST LEANING POLE

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

* PER JAMES HOWARD, J0HF, COMPLETED 12/12/13, 6HRS.

* _____

Completed by: JOHF
(Name and LAN ID):

Date: 12/12/2013

Actual Labor-Hours:

Reviewed by
(Name and LAN ID):

Date: / /

2-24



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

COLUSA JCT #1 1/38 BURNT POLE REPLACE

INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LR Notification	PRIORITY CHOICES: <input type="checkbox"/> E <input checked="" type="checkbox"/> G <input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> R E = System Integrity G = Planned Int Work L = Operation Compliance	O = Reliability/Capacity R = Systemic Problem	Order# 80043099 Created Notification # 102642944
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Pole (SW01)	<input checked="" type="checkbox"/> Burnt (EL09)	<input checked="" type="checkbox"/> Fire (FIRE)	<input checked="" type="checkbox"/> Completed By : (COMP) <input checked="" type="checkbox"/> Estimated Hours (ESTH) <input checked="" type="checkbox"/> Replaced (REPL)
USER STATUSES			
<input checked="" type="checkbox"/> HEAVY EQUIPMENT - ACCH <input checked="" type="checkbox"/> RELEASE WORK - RELW <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.8390.POLE.WOOD SAP EQUIPMENT #: 40766034	CREW CLASS: ETLEQP CREW SIZE: 04	WORK TYPE CODE: 372	
FUNCTIONAL LOCATION 60241 COLUSA JCT #1+ WOOD POLE (LINE NAME):	ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 36.0		
PLANNER GROUP: TLX			
EXECUTION			
REQUIRED END DATE: 11/30/2013	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS:	CITY:	ZIP (if known):	
DIVISION CODE (LOCATION): SA	COUNTY CODE (PLANT SECTION)	006	
COMPLETION DATES			
REPORTED BY (Name and LAN ID): Andres Garcia (AXGQ)	DATE FOUND (NOTIF DATE): 10/03/2007		
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 12/03/2007 09:54:03 Desiree E. Pernice (D1PW) Phone 916/760-5389			
* LOCATION-COLUSA COUNTY			
* REPLACE BURNT POLE, DRY WEATHER ONLY 12 KV UNDERBUILD 3 PHASE			
* _____			
* 03/13/2008 15:54:31 Kathleen E. Martin (KEO9) Phone 916/408-3292			
* INCORRECTLY LABELED VICTOR, SHOULD BE SACTO			
* 04/02/2008 15:22:49 Brad S. Anderson (BSA3) Phone 916/760-1944			
* job assigned to J5BF on 4/2/08			
* 04/02/2008 15:26:56 Brad S. Anderson (BSA3) Phone 916/760-1944			
* request to convert on 4/2/08..			
* 04/22/2008 12:42:12 Karen M. Downey (KMD9) Phone 530/621-7277			

COPY



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

COLUSA JCT #1 1/38 BURNT POLE REPLACE

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

* 30621928E SAC RMC DMD RECEIVED A DM-1 FROM JASON BURKE I PRINTED AND

* FILED IN THE DMD FILE. OTHER OUTSTANDING DEPENDENCIES ARE: LAND AND VEG

*

*

* 04/24/2008 12:39:01 Jason M. Burke (J5BF) Phone 916/760-1947

* THERE ARE NO LAND OR VEG ISSUES AND BOTH DEPENDENCIES HAVE BEEN CLEARED.

* PRELIM ESTIMATE HAS BEEN TURNED INTO ADE FOR REVIEW

* 05/09/2008 17:38:45 Birdie Lyons (BXL7) Phone 925/270-2707

* NEW SUB ORDER CREATED.

* 05/27/2008 15:23:04 Toni L. Boyd (TLB6) Phone 916/760-5373

* 30621928E SAC RMC DMD SENT EMAIL TO CHRIS ELLIS TO GET AN UPDATE ON THE

* ENVIRONMENTAL STATUS.

*

* 05/28/2008 14:31:18 Toni L. Boyd (TLB6) Phone 916/760-5373

* 30621928E SAC RMC DMD RCVD EMAIL FROM JASON BURKE STATING ENV. WAS

* REQUESTED ON 4/24/08 PER SPREADSHEET. PUSHED TASK OUT 2 MOS.

*

* 08/08/2008 13:25:31 Jason M. Burke (J5BF) Phone 916/760-1947

* SAP FINAL SENT TO ADE. MONEY PUT INTO JOB FOR ENVIRO REVIEW

* 08/08/2008 15:14:28 Brad S. Anderson (BSA3) Phone 916/760-1944

* recommend by BSA3 to AXH6 for approval

* 08/11/2008 13:29:38 Aram Hadjian (AXH6) Phone 916/760-1995

*

* Job authorized by AXH6 and released to OMD.

* 08/11/2008 13:42:32 Aram Hadjian (AXH6) Phone 916/760-1995

* Job authorized by John Parks and released to OMD by AXH6

* 08/12/2008 14:01:14 Kim E. Estlin (KEE3) Phone 916/760-5331

* PM30621928E Sacramento RMC-OMD Authorized Estimate Package received.

*

*

* 08/12/2008 14:53:53 Ana K. Bellestri (AKL8) Phone 916/760-1919 XXXX

* 30621928E SAC RMC DMD REVIEWED AUTHORIZED ESTIMATE PACKAGE; ENVIRO

* REVIEW IS THE OUTSTANDING DEPENDENCY.

*

* 08/12/2008 15:00:48 Ana K. Bellestri (AKL8) Phone 916/760-1919 XXXX

* 30621928E CONT FROM ABOVE, FORWARDED JOB PACKAGE TO SAC RMC OMD FOR

* REPRODUCTION.

*

* 08/13/2008 13:12:46 Susan L. Garner (SLGL)

* 30621928E „Pulled copied job from OMD Reproduction Desk. Advance job

* copies sent to job owner (Veronica Conerly-Scott), Sacramento LH ma

* pping, Ron Kelly, Dan Hale, Brian Sebastian, ECCO-Sierra/Sac-Auburn. Job

* completion.

*

* 10/31/2008 15:01:16 Patrick W. Coughlin (PWC1) Phone 916/386-5422

* SAC T-LINE DDCD MOVED OUT REQUIRED END DATE 6 MONTHS TO 4/30/09; NO

* SAFETY OR RELIABILITY ISSUES AT THIS TIME



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

COLUSA JCT #1 1/38 BURNT POLE REPLACE

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

* 04/30/2009 16:46:23 Patrick W. Coughlin (PWC1) Phone 916/386-5422

*

* AS OF 4/30/09, SACRAMENTO T-LINE DDCD HAS REASSESSED THIS TAG 6 MONTHS

* TO 10/30/09; NO SAFETY HAZARDS OR RELIABILITY ISSUES AT THIS TIME.

* 11/03/2009 07:11:51 Patrick W. Coughlin (PWC1) Phone 916/386-5422

*

* SAC T-LINE BPJ2 MOVED OUT REQUIRED END DATE 1 YEAR TO 11/30/10; NO

* SAFETY OR RELIABILITY ISSUES AT THIS TIME

* 01/05/2010 09:20:28 Ana K. Bellestri (AKL8) Phone 916/760-1919 XXXX

* 30621928E SAC RMC DMD DEPENDENCY REVIEW, P/ALLISON NELSON, ALL

TRANSMISSION JOBS WILL BE SENT TO LAURIE SHOLLER, NO NEED FOR SAC RMC TO FOLLOW UP ON ENVIRO TASK.

*

C -----

* 01/05/2010 11:35:07 Kelly R. Caldwell (KXCG) Phone 916/760-1974

* 30621928E TRANSMISSION JOB. SAC RMC OMD pulled original job file

* (including DMD folder w/DM1) to forward to LFP1, Fresno. Environmental

* is the outstanding dependency # to be followed up by LFP1.

*

C -----

* 02/06/2010 10:14:49 Laurie A. Sholler (LFP1) Phone 559/263-5041

* rec'd/logged in Fresno

*

* 11/20/2010 06:56:50 Patrick W. Coughlin (PWC1) Phone 916/386-5422

* SACRAMENTO T-LINE DDCD REASSESSED THIS TAG ON 11/3/10 AND MOVED THE

REQUIRED END DATE OUT TO 11/30/11; NO SAFETY OR RELIABILITY ISSUES AT

THIS TIME

*

* 11/15/2011 13:09:11 Christina L. Dangerfield (CLD9) Phone 916/386-5422

* SACRAMENTO T-LINE JOHN HANDY, JEH6, REASSESSED THIS NOTIFICATION 11/7/11

AND POSTPONE THE REQUIRED END DATE UNTIL NEXT DETAIL PATROL 11/30/13.

CONFIRMED WITH BILL BEARD, NOV PATROL, NO SAFETY OR ELIABILITY ISSUE AT

THIS TIME. -----

= -----

C -----

* 11/29/2011 15:42:38 Robyn M. Salvadori (R8SN) Phone 415/973-5698

* Pole 7/156 requires ACE 404, RWQCB 401 and USFWS BO Permits.

* Applications submitted 4/22/11. Awaiting 404 Permit.

C -----

* 01/11/2012 12:52:38 Donna K. Thorne (DKT1) Phone 831/633-6935 Data

Cleansing: Move Req End Date to 11/30/2015.

C -----

* 02/23/2012 08:42:56 Katie E. Martin (KEO9) Phone 916/408-3292

* After further review of pole process, the superintendents have decided

to move #pole# (TLX/372/400) notifications back to original

* date to allow the contract group to manage.

*



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

COLUSA JCT #1 1/38 BURNT POLE REPLACE

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

*
C _____

* 03/06/2012 08:09:34 Ana K. Bellestri (AKL8) Phone 916/760-1919 XXXX
* 30621928E SAC RMC DMD RCVD ANOTHER COPY OF DM1; EMAILED ED TRANSMISSION

* MAILBOX FOR STATUS, DM1 IS FROM 2008.

*
* _____

* 12/19/2012 08:38:38 Robyn M. Salvadori (R8SN) Phone 415/973-5698

* Environmental Permits obtained. DM Form to be issued 1/2013.

* Construction restricted May-October.

*
* 01/18/2013 13:06:18 Naomi A. Tamayo (NAV3) Phone 916/760-1959

* 30621928E SAC RMC DMD RECEIVED THE DM1, ENVIRO ISSUES RESOLVED. PER THE

* TASK SCREEN THE JOB PACKAGE IS READY TO BE RELEASED. SENT DM8 TO LFP1.

*
* 01/25/2013 16:08:01 Laurie A. Sholler (LFP1) Phone 559/263-5041

* 30621928 - rec'd DM8, copies to Charlene McLeod

*
* 02/01/2013 14:10:06 Charlene M. McLeod (CMMD) Phone 209/942-1669

* RECEIVED JOB IN VICTOR. EMAILED MATERIALS TO RELEASE POLES IN SAP SO I

* COULD ORDER THEM

*
* 02/07/2013 08:57:47 Charlene M. McLeod (CMMD) Phone 209/942-1669

* EMAILED MATERIALS TO RELEASE THE (2) 55/C2 WOOD POLES AND SEND THEM TO

* SHIFFLETS. FILED IN UA

*
* 02/28/2013 14:34:11 Charlene M. McLeod (CMMD) Phone 209/942-1669

* JOB HAS BEEN ASSIGNED TO GC. JOB COPIES SENT TO JESSE O'ROURKE

* 08/08/2013 13:16:16 Charlene McLeod (CMMD) Phone 209/942-1669

* GC TLINE REPLACED POLE ON 08/07/2013 PER JESSE JOYNER FOR ISAAC LAWRENCE

*
* 12/10/2013 13:27:03 Helen Sakai (HXS4) Phone 209/942-1606

* JOB CLOSED AND ORIG JOB PACKAGE SENT TO L. SHOLLER FOR MAPPING & CLOSING

*
* 12/19/2013 14:27:11 Laurie Sholler (LFP1) Phone 559/263-5041

* 30621928 - to mapping - Jim Morris

*
* 01/08/2014 13:32:38 Jeffrey Morton (JJMH) Phone 530/889-3170

* 30621928E Mapping Received As-Built package

*
* 01/29/2014 08:21:46 Cory Johnson (CLS9) Phone 530/889-3212

* 30621928E Mapping Completed map & record posting, pending lead review

*
* 02/05/2014 14:22:22 Jeffrey Morton (JJMH) Phone 530/889-3170

* 30621928E Mapping Completed, job filed

*
* 02/20/2014 14:34:43 Laurie Sholler (LFP1) Phone 559/263-5041



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

COLUSA JCT #1 1/38 BURNT POLE REPLACE

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

* 30621928 - zkd clear

Completed by: GC TLINE (Name and LAN ID):	Date: 08/07/2013	Actual Labor-Hours:
Reviewed by (Name and LAN ID):	Date: / /	

2-25



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

COLUSA JCT #1 7/156 REPL POLE WORN AGED

INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LR Notification	PRIORITY CHOICES: <input type="checkbox"/> E <input checked="" type="checkbox"/> G <input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> R E = System Integrity O = Reliability/Capacity G = Planned Int Work R = Systemic Problem L = Operation Compliance		
	Order# 30621928 Created Notification # 102643009		
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Pole (SW01)	<input checked="" type="checkbox"/> Worn/Aged (CH08)		<input checked="" type="checkbox"/> Completed By : (COMP) <input checked="" type="checkbox"/> Estimated Hours (ESTH) <input checked="" type="checkbox"/> Replaced (REPL)
USER STATUSES			
<input checked="" type="checkbox"/> HEAVY EQUIPMENT - ACCH <input checked="" type="checkbox"/> CLEARANCE REQUIRED - CLR <input checked="" type="checkbox"/> RELEASE WORK - RELW <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.8390.POLE.WOOD		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40596343		CREW SIZE: 04	372
FUNCTIONAL LOCATION 60241 COLUSA JCT #1+-WOOD POLE (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 36.0	
PLANNER GROUP: TLX			
EXECUTION			
REQUIRED END DATE: 10/31/2013	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS:	CITY:	ZIP (if known):	
DIVISION CODE (LOCATION): SA	COUNTY CODE (PLANT SECTION) 006		
COMPLETION DATES			
REPORTED BY (Name and LAN ID): Andres Garcia (AXGQ)		DATE FOUND (NOTIF DATE): 10/10/2007	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 12/03/2007 10:44:53 Desiree E. Pernice (D1PW) Phone 916/760-5389 * 7/156 REPLACE POLE WORN AGED * LOCATION-COLUSA COUNTY * REPLACE OLD WORN AGED POLE ABOVE GROUND WITH A LOT OF SHELL ROT, * INACCESSIBLE IN CREEK, UNDERBUILD * _____ * 03/13/2008 15:54:35 Kathleen E. Martin (KEO9) Phone 916/408-3292 * INCORRECTLY LABELED VICTOR, SHOULD BE SACTO * 10/31/2008 14:58:07 Patrick W. Coughlin (PWC1) Phone 916/386-5422 * SAC T-LINE DDCD MOVED OUT REQUIRED END DATE 6 MONTHS TO 4/30/09; NO * SAFETY OR RELIABILITY ISSUES AT THIS TIME			

COPY

26



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

COLUSA JCT #1 7/156 REPL POLE WORN AGED

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

* 04/29/2009 09:41:31 Patrick W. Coughlin (PWC1) Phone 916/386-5422

* SACRAMENTO T-LINE D1BS REASSESSED TAG ON 4/24/09 1 YEAR TO 4/30/10; NO

* SAFETY OR RELIABILITY ISSUES AT THIS TIME

* 05/03/2010 11:23:59 Patrick W. Coughlin (PWC1) Phone 916/386-5422

*

* SACRAMENTO T-LINE BPJ2 HAS REASSESSED THIS TAG ON 4/30/10 AND MOVED THE REQUIRED END OUT TO 11/30/2011; NO SAFETY HAZARDS OR RELIABILITY ISSUES AT THIS TIME.

*

* 11/29/2011 17:42:40 Christina L. Dangerfield (CLD9) Phone 916/386-5422

* SACRAMENTO T-LINE JOHN HANDY, JEH6 REASSESSED THIS NOTIFICATION 11/20/11 AND POSTPONED THE REQUIRED END DATE UNTIL NEXT PATROL 11/30/12.

CONFIRMED WITH BILL BEARD, NOV PATROL, NO SAFETY OR RELIABILITY ISSUE AT THIS TIME.

*

C -----

* 01/11/2012 12:52:40 Donna K. Thorne (DKT1) Phone 831/633-6935 Data

Cleansing: Move Req End Date to 11/30/2015.

C -----

* 02/22/2012 14:36:06 Katie E. Martin (KEO9) Phone 916/408-3292

* After further review of pole process, the superintendents have decided to move #pole# (TLX/372/400) notifications back to original * date to allow the contract group to manage.

* 11/05/2012 07:50:06 Christina L. Dangerfield (CLD9) Phone 916/386-5422

* SACRAMENTO T-LINE DAN CHIPCHASE DDCCD, REASSESSED THIS NOTIFICATION 10/30/12 AND POSTPONE THE REQUIRED END DATE UNTIL 10/31/13. NO SAFETY OR RELIABILITY ISSUE AT THIS TIME.

*

* 08/06/2013 15:54:05 Charlene McLeod (CMMD) Phone 209/942-1669

* POLE WAS REPLACED BY GC TLINE PER JESSE JOYNER FOR ISAAC LAWRENCE

Completed by: (Name and LAN ID):	GC TLINE	Date: 08/06/2013	Actual Labor-Hours:
--------------------------------------------	-----------------	-------------------------	----------------------------

Reviewed by (Name and LAN ID):	Date: / /	
------------------------------------------	------------------	--

2-26

Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum) Line Name, Structure #, Work Description. For Repair Report see page 2 WOODLAND-DAVIS 1/29 RPL INSULATOR <i>Field</i>	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety B = Urgt Compliance C = Emergency Restore Service E = Schd Compl Yr 0 F = Schd Compl Yr 1+ G = Maintenance Compliance P = System Repair/Improvement		Order# 30964126 Created Notification # 105940585
	COMPONENT TYPE	DAMAGE CODE	CAUSE CODE
<input checked="" type="checkbox"/> Insul. - Post (IH03)	<input checked="" type="checkbox"/> Flashed (EL05)		<input checked="" type="checkbox"/> Replaced (REPL) <input checked="" type="checkbox"/> Completed (ZZ02)
USER STATUSES			
<input checked="" type="checkbox"/> MEDIUM EQUIPMENT - ACCM <input checked="" type="checkbox"/> COMPLETED - COMP <input checked="" type="checkbox"/> RELEASE WORK - RELW <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.4210.POLE.WOOD		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40865631		CREW SIZE: 00	508
FUNCTIONAL LOCATION 10359 WOODLAND-DAVIS-WOOD POLE (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time)	
PLANNER GROUP: TLN		0.0	
ANTICIPATED MATERIAL COSTS:			
EXECUTION			
REQUIRED END DATE: 03/31/2014	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: Woodland-Davis		CITY:	ZIP (if known): 00000
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION) 057	
COMPLETION DATES			
REPORTED BY (Name and LAN ID): Steve Cooper (SXC9)		DATE FOUND (NOTIF DATE): 01/24/2012	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 02/23/2012 10:58:53 Christina L. Dangerfield (CLD9) Phone 916/386-5422			
* CERAMIC POST INSULATOR FLASHED, REFRAME T-1 W/ NON CERAMIC INSUL'S.			
* _____			
* _____			
* 12/20/2012 09:07:27 Angie L. Luz (ALCI) Phone 530/906-0293			
* Reassess notification no -000106590070			
* 02/26/2013 12:52:49 Christina L. Dangerfield (CLD9) Phone 916/386-5422			
* PER JOHN HANDY, NOTIFICATION REASSESSED BY STEVE COOPER ON ROUTINE			
PATROL 2/20/13 AND POSTPONE THE REQUIRED END DATE UNTIL NEXT PATROL,			
3/31/14. NO SAFETY OR RELIABILITY ISSUE AT THIS TIME.			
* _____			

COPY



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

WOODLAND-DAVIS 1/29 RPL INSULATOR

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

* _____

* 06/17/2013 11:38:18 Christina L. Dangerfield (CLD9) Phone 916/386-5422

* PRE RAMON MALDONADO, ROM4, COMPLETED 6/14/13.

* _____

Completed by: Ramon Maldonado (ROM4) (Name and LAN ID):	Date: <u>06/14/2013</u>	Actual Labor-Hours:
Reviewed by (Name and LAN ID):	Date: <u>/ /</u>	

OSMOSE®

PACIFIC GAS & ELECTRIC CO. LINE INSPECTION & TREATMENT DETAIL REPORT

Line Name: WOODLAND-DAVIS
Line Code: 10359
Voltage: 115
Headquarters: SACRAMENTO

Contractor: Osmose Utilities Services, Inc. Reference #: 518RM50H
Week Ending: 12/11/2010 Crew ID: 518RM
Date: 12/09/2010 Foreman: REY MARTINEZ
Job Number: 1003826 Supervisor: AUDYCKI,JOHN A

County: YOLO
State: CA
Contract #: _____

Pole ID 001/023	MFR MKB X: -121.745162, Y: 38.680873	YEAR 1964	LENGTH/ CLASS 60'/1	SPECIES/ TREAT DF/P 52	ORIG CIRC 50.91	EFF CIRC ID	INSP TYPE ANC	GUY WF Pints 1.5	BAND 1.5	BAND VELB	REMARKS AND NOTES
											Strength Remaining: 94% 3/4 Excavate. Fire Damage. Mechanical Damage-Trimmer. Location: Above Groundline. Depth: 2.0in. Width: 5.5in. Height: 18.0in. Orientation: LOL.

Cust Pole Num: 001/023
SAP : T40700606
12inBGL 0 AGL 0 15inAGL 0 26inAGL 0 42inAGL 0 54inAGL 0 66inAGL 0

WoodFume. Year Last Inspected: 1999. Last Inspected
By: OSM. Transmission Pole. Framing Type: T-1 (115
KV). Struct Type: SWP. Reported Item: Pole - Risers.
Reported Item: Joint Use - PGE Underbuild. Note:
EXPO IS FD/3/4 DIG:RISER.

WOODLAND

1-5
PIONEER RD X TIDE CT
Inspection Type
External Treat w/ Decay (TD) 1

Follow-up on SHELL THICKNESS

---	---	---	---	---
0	0	15	0	0

====	====	====	====	====
0	0	15	0	0

LOCATE

 Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 RIO OSO-BRIGHTON 7/47 CLEAN UP INSULATOR <i>(F) NO ACCESS</i>		
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS		INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification		PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# 41891568 Created Notification # 105994840
COMPONENT TYPE		DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Insul. - Bell (IH05)		<input checked="" type="checkbox"/> Other (CH10)		<input checked="" type="checkbox"/> Removed (REMV) <input checked="" type="checkbox"/> Completed (ZZ02)
USER STATUSES				
<input checked="" type="checkbox"/> COMPLETED - COMP <input checked="" type="checkbox"/> RELEASE WORK - RELW <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO				
ETL#: ETL.5600.TOWR		CREW CLASS: ETLEQP		WORK TYPE CODE:
SAP EQUIPMENT #: 40804964		CREW SIZE: 00		628
FUNCTIONAL LOCATION 20132 RIO OSO-BRIGHTON+-TOWER (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0		
PLANNER GROUP: TLN		ANTICIPATED MATERIAL COSTS:		
EXECUTION				
REQUIRED END DATE: 05/30/2013	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV		
LOCATION DATA (OPTIONAL INFORMATION)				
STREET ADDRESS:	CITY:		ZIP (if known): 00000	
DIVISION CODE (LOCATION): SA	COUNTY CODE (PLANT SECTION) 031			
COMPLETION DATES				
REPORTED BY (Name and LAN ID): William Beard (WXB7)			DATE FOUND (NOTIF DATE): 03/22/2012	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).				
* 04/02/2012 10:25:40 Christina L. Dangerfield (CLD9) Phone 916/386-5422 * PICK UP 3 STRINGS OF INSU., IN TWR PRINT. * _____ * _____ * 01/24/2013 12:19:05 Angie L. Luz (ALCI) Phone 530/906-0293 * Reassess notification no -000106656024 * 02/27/2013 14:24:29 Christina L. Dangerfield (CLD9) Phone 916/386-5422 * NOTIFICATION REASSESSED BY JOHN HANDY 2/20/13, NO ACCESS DUE TO CROP, F/U IN APRIL OR MAY FOR ACCESS. CALL GARY DAVIS 916-715-7973, 3035 S. BREWER RD. N/HOWSLEY RD OFF HWY 99. *				

COPY



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

RIO OSO-BRIGHTON 7/47 CLEAN UP INSULATOR

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

* _____

* 04/02/2013 14:29:24 Stacie R. Doyle (SRF5) Phone 916/772-7044

* Reassess notification no -000106856193

* _____

* 05/13/2013 09:56:50 Christina L. Dangerfield (CLD9) Phone 916/386-5422

* PER JOHN HANDY COMPLETED 5/1/13, INSULATORS PICKED UP AND HAULED AWAY.

* _____

Completed by:	JOHN HANDY	Date:	05/01/2013	Actual Labor-Hours:
(Name and LAN ID):				

Reviewed by	Date:	/ /	
(Name and LAN ID):			



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

RIO OSO WDLND #1 ;10/72A RPR GUY (F)

INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS		INFORMATION BY QCR UPON	
<input checked="" type="checkbox"/> LC Notification		PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# 41933523 Created Notification # 107049578	
COMPONENT TYPE		DAMAGE CODE	CAUSE CODE	ACTION	
<input checked="" type="checkbox"/> Guy (AG06)		<input checked="" type="checkbox"/> Broken (MC02)		<input checked="" type="checkbox"/> Completed By : (COMP)	
USER STATUSES					
<input checked="" type="checkbox"/> LIGHT EQUIPMENT - ACCL <input checked="" type="checkbox"/> RELEASE WORK - RELW <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
REFERENCE INFO					
ETL#: ETL.3460.POLE.NWOD SAP EQUIPMENT #: 41184121			CREW CLASS: ETLEQP CREW SIZE: 00	WORK TYPE CODE: 630	
FUNCTIONAL LOCATION 10280 RIO OSO-WOODLAND (LINE NAME): #1+-NONWOOD POLE			ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0		
PLANNER GROUP: TLN			ANTICIPATED MATERIAL COSTS:		
EXECUTION					
REQUIRED END DATE: 07/22/2013	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV			
LOCATION DATA (OPTIONAL INFORMATION)					
STREET ADDRESS:	CITY:		ZIP (if known): 00000		
DIVISION CODE (LOCATION): SA	COUNTY CODE (PLANT SECTION)		057		
COMPLETION DATES					
REPORTED BY (Name and LAN ID): Steve Cooper (SXC9)			DATE FOUND (NOTIF DATE): 07/22/2013		
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).					
* 07/26/2013 12:46:02 Aida Luna (AXRU) Phone 530/896-4277 * PER COOPER ON 7/22/2013 3/8 ANGLE D GUY BROKEN AT PRE-FORM. DUG OUT * BURIED ANCHOR ROD, REPULLED DOWN GUY, INSTALLED SHUNT ACCROSS AUTO * SPLICE, INSTALLED GUY MARKER.					
Completed by: (Name and LAN ID):		Date: 07/22/2013	Actual Labor-Hours:		
Reviewed by (Name and LAN ID):		Date: / /			

COPY



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text -40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

RIO OSO WOODLAND #2 32/195 RPL CONDUCTO

(F)

INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS		INFORMATION BY QCR UPON	
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P			Order# 30997603	
	A = Immed/Safety B = Urgt Compliance C = Emergency Restore Service E = Schd Compl Yr 0	F = Schd Compl Yr 1+ G = Maintenance Compliance P = System Repair/Improvement			Created Notification # 106945224
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION		
<input checked="" type="checkbox"/> Conductor (CF03)	<input checked="" type="checkbox"/> Broken (MC02)		<input checked="" type="checkbox"/> Replaced (REPL) <input checked="" type="checkbox"/> Completed (ZZ02)		
USER STATUSES					
<input checked="" type="checkbox"/> COMPLETED - COMP <input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
REFERENCE INFO					
ETL#: ETL.3470.INSL		CREW CLASS: ETLEQP		WORK TYPE CODE:	
SAP EQUIPMENT #: 40796092		CREW SIZE: 00		527	
FUNCTIONAL LOCATION 10281 RIO OSO-WOODLAND (LINE NAME): #2+-INSULATOR		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time)			
PLANNER GROUP: TLN		0.0			
ANTICIPATED MATERIAL COSTS:					
EXECUTION					
REQUIRED END DATE: 05/19/2013	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV			
LOCATION DATA (OPTIONAL INFORMATION)					
STREET ADDRESS: CNTY RD 24 E/O 1/505	CITY: WOODLAND	ZIP (if known): 00000			
DIVISION CODE (LOCATION): SA	COUNTY CODE (PLANT SECTION) 057				
COMPLETION DATES					
REPORTED BY (Name and LAN ID): Steve Cooper (SXC9)			DATE FOUND (NOTIF DATE): 05/19/2013		
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).					
* 05/20/2013 11:03:58 Christina L. Dangerfield (CLD9) Phone 916/386-5422					
* REPAIR BROKEN/DOWNED 3/0 STR CU CONDUCTOR BETWEEN 32/195 & 32/196. TOP					
* PHASE CONDUCTOR PARTED AT SUSPENSION SHOE @ TWR 32/195, REPLACED (1)					
* NON-CERAMIC. PER STEVE COOPER REPAIRS COMPLETED BY T-LINE & GC.					
* _____					
* _____					
* 05/21/2013 10:44:16 Christina L. Dangerfield (CLD9) Phone 916/386-5422					
* COMPLETED 5/19/13					
* _____					
Completed by: Steve Cooper (SXC9) (Name and LAN ID):		Date: 05/19/2013	Actual Labor-Hours:		

COPY



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

RIO OSO WOODLAND #2 32/195 RPL CONDUCTO

Reviewed by

(Name and LAN ID):

Date: / /



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

REAS- WOODLAND-DAVIS 6/120 RPL INSULATOR

(F)

INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS		INFORMATION BY QCR UPON	
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P			Order# 41836321 Created Notification # 106590072	
	A = Immed/Safety B = Urgt Compliance C = Emergency Restore Service E = Schd Compl Yr 0	F = Schd Compl Yr 1+ G = Maintenance Compliance P = System Repair/Improvement			
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION		
<input checked="" type="checkbox"/> NCI - Post (IH06)	<input checked="" type="checkbox"/> Flashed (EL05)				
USER STATUSES					
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
REFERENCE INFO					
ETL#: ETL.4210.POLE.WOOD		CREW CLASS: ETLEQP		WORK TYPE CODE:	
SAP EQUIPMENT #: 40595611		CREW SIZE: 00		599	
FUNCTIONAL LOCATION 10359 WOODLAND-DAVIS-WOOD POLE (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time)			
PLANNER GROUP: TLN		0.0			
ANTICIPATED MATERIAL COSTS:					
EXECUTION					
REQUIRED END DATE: 02/28/2013	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV			
LOCATION DATA (OPTIONAL INFORMATION)					
STREET ADDRESS:	CITY:		ZIP (if known):		
DIVISION CODE (LOCATION): SA	COUNTY CODE (PLANT SECTION)		057		
COMPLETION DATES					
REPORTED By (Name and LAN ID): Steve Cooper (SXC9)			DATE FOUND (NOTIF DATE): 01/31/2012		
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).					
* 12/20/2012 09:07:28 Angie L. Luz (ALC1) Phone 530/906-0293					
* Reassessment of Notification: 000105940588					
* 02/23/2012 11:03:25 Christina L. Dangerfield (CLD9) Phone 916/386-5422					
* ALL (3) NON-CERAMIC INSULATORS ARE FLASHED. REPLACE.					
* _____					
* 02/27/2013 13:16:35 Christina L. Dangerfield (CLD9) Phone 916/386-5422					
* NOTIFICATION REASSESSED BY JOHN HANDY JEH6 2/27/13 AND POSTPONE THE					
REQUIRED END DATE UNTIL NEXT PATROL 2/27/14. NO CHANGE, MINOR DAMAGE, NO					
SAFETY OR RELIABILITY ISSUE AT THIS TIME.					
* _____					

(F)
COPY



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

REAS- WOODLAND-DAVIS 6/120 RPL INSULATOR

Completed by:
(Name and LAN ID):

Date: 02/27/2013 Actual Labor-Hours:

Reviewed by
(Name and LAN ID):

Date: / /

Osmose®

PACIFIC GAS AND ELECTRIC POLE INSPECTION DETAIL REPORT

Line Name:	RIO OSCO-WOODLAND 1	Contractor:	Osmose Utilities Services, Inc.	Reference #:	518RM05B	County: YOLO
Line Code:	10280	Week Ending:	02/02/2008	Crew ID:	518RM	State: CA
Voltage:	115	Date:	01/29/2008	Foreman:	REY MARTINEZ	Contract #: 4600012863
Headquarters:	SACRAMENTO	Job Number:	1000453	Supervisor:	NORWOOD,TIM P	

Pole ID	MFR MKB	YEAR 1987	CLASS 65/1	LENGTH DF/G	SPECIES/ TRIPLICATE	CIRC 50	CIRC 50	CIRC 50	INSP TYPE T	C 1	WF PINTS 1.5	REMARKS AND NOTES
												< 50 FT FROM CURB. Previous Cycle Info: Full Excavate, WoodFume. Year Last Inspected: 1998. Last Inspected By: OSM. Transmission Pole. Framing Type: T-1 (115 KV). Struct Type: SWP. Reported Item: Pole - Missing Identification. Reported Item: Pole - Distribution Underbuild. Attachment: Down Guy. Quantity: 1.
- 00009M X:-121.938603 , Y: 38.663497	MKB	1987	65/1	DF/G	TRIPLICATE	CIRC 50	CIRC 50	CIRC 50	INSP TYPE T	C 1	WF PINTS 1.5	Hwy 99 - Rd 050 Sub 7

1 ---
 1 0

--- ---
 1 0

Inspection Type
External Treat (T) 1

Electric Line Notification

Notification # : 101277614

Page 1

PM Order # : 30387400

Notification Details

Date Reported : 02/03/2004 (09:13:16)
Desired Start : 02/02/2005
Required End : 02/02/2006
Element (object) : Structure - Wood - Do Not Use
KDI (damage) : Rotted
Cause :

Reported By : BRUKHARDT
Priority : 6
Planner Group : TLH Sacramento Line
Work Center : 11830 A6 GC Elec-C Drinkw
Equip Impact : M Medium Impact

Functional Location and Equipment Structure

Line # : ETL.6740
County : ETL.6740.POLE
Asset Type : ETL.6740.POLE.WOOD
Equipment : 40599351
Vaca Dixon #2 Tap (:), Davis-Travis Jct. #2

60067 DIXON-VACA #2+
60067 DIXON-VACA #2+-POLE
60067 DIXON-VACA #2+-WOOD POLE
000/012 SINGLE WOOD POLE

Line Data - ETL.6740

Insulation Volt :
Operation Volt :
Structures :
Owner :
Agency :

Equipment Data - 40599351
Longitude :
Latitude :
Framing Config :
Accessiblity :
Property Rights :
UnderBuilt :

Description / Comments : DIXON VACA #2 7/168 REPLACE NG POLE

Additional Information

Accessibility
 Foot Only
 Light Eqp (crew cabs,pickups)
 Medium Eqp (aerial lifts,line trucks)
 Heavy Eqp (cranes,tractors)

 Hot Work
 ISO Clearance Required
 Clearance Required - Non ISO
 Vegetation Work
 Capital
 Expense
 ISO Scheduled

Inspection Type(s)
 Aerial Inspection
 Ground Inspection
 Climbing Inspection
 Non-Routine Inspection

Completion Activities

<u>Activity</u>	<u>Quantity</u>
<input type="checkbox"/> Adjusted	
<input type="checkbox"/> Assessed	
<input type="checkbox"/> Cleaned	
<input type="checkbox"/> Installed	
<input type="checkbox"/> Located	
<input type="checkbox"/> Notified Third Party	
<input type="checkbox"/> Patrol Air	
<input type="checkbox"/> Patrol Ground	
<input type="checkbox"/> Patrol Infrared	
<input type="checkbox"/> Pole Top Extended	
<input type="checkbox"/> Removed	
<input type="checkbox"/> Repaired	
<input checked="" type="checkbox"/> Replaced	001
<input type="checkbox"/> Stubbed	
<input type="checkbox"/> Tested	
<input type="checkbox"/> Treated	
<input type="checkbox"/> Trimmed	
<input type="checkbox"/> Other	

COPY

Estimated Hours: |||

Completion Comments

Comp By: M. WILLEY

Date: 12/07/04



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text -40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

DIXON-VACA #2 7/166 INSTALL STUB POLE

INFORMATION REQUIRED BY QCR

INFORMATION COMPLETED BY FLS

INFORMATION BY QCR UPON

PRIORITY CHOICES:

A B C D E F G P
 A = Immed/Safety
 B = Urgt Compliance
 C = Emergency Restore Service
 D = Schd Compl Yr 0
 E = Schd Compl Yr 1+

F = Schd Compl Yr 1+

G = Maintenance Compliance

P = System Repair/Improvement

Order#

Created Notification #
106000247

LC Notification

COMPONENT TYPE

DAMAGE CODE

CAUSE CODE

ACTION

Pole (SW01)

Other (CH10)

Stubbed (STUB)

USER STATUSES

MEDIUM EQUIPMENT - ACCM

PUT ON HOLD WORK - POHW

REFERENCE INFO

ETL#: ETL.6740.POLE.WOOD

CREW CLASS: ETLEQP

WORK TYPE CODE:

SAP EQUIPMENT #: 40823484

CREW SIZE: 00

630

FUNCTIONAL LOCATION 60067 DIXON-VACA #2+-WOOD POLE
(LINE NAME):

ESTIMATED TOTAL LABOR-HOURS TO COMPLETE:

(labor-hours = Crew Size x Hours to Complete - no travel time)

PLANNER GROUP: TLN

0.0

ANTICIPATED MATERIAL COSTS:

EXECUTION

REQUIRED END DATE:

10/30/2012

MAIN WORK CENTER:

SACTO - Sacramento

VOLTAGE:

60 KV 70 KV 115 KV 230 KV 500 KV

LOCATION DATA (OPTIONAL INFORMATION)

STREET ADDRESS: S PORTER ROAD

CITY: DIXON

ZIP (if known): 00000

DIVISION CODE (LOCATION): SA

COUNTY CODE (PLANT SECTION)

048

COMPLETION DATES

REPORTED BY (Name and LAN ID): Steve Cooper (SXC9)

DATE FOUND (NOTIF DATE): 03/26/2012

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

* 04/06/2012 10:44:02 Christina L. Dangerfield (CLD9) Phone 916/386-5422

* POLE APPEARS VANDLIZED AT G/L. INSTALL & STUB WITH "C" TRUSS.

*

*

* 07/24/2012 07:11:21 Stacie R. Doyle (SRF5) Phone 916/772-7044

* Reassess notification no -000106136582

* 08/09/2012 10:02:41 Christina L. Dangerfield (CLD9) Phone 916/386-5422

* SACRAMENTO T-LINE JOHN HANDY JEH6, REASSESSED THIS NOTIFICATION ON

8/7/12, AND POSTPONE THE REQUIRED END DATE UNTIL 10/31/12. TO PROCESS

AND COMPLETE PAPER WORK FROM CONTRACTOR. ERIC MILLER ARRANGED TO HAVE

THIS POLE ADDED TO THE 2012 STUBBING WORK, THIS POLE HAS BEEN STUBBED.

COPY



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

DIXON-VACA #2 7/166 INSTALL STUB POLE

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

* _____

* 09/17/2012 15:05:17 Helen Sakai (HXS4) Phone 209/942-1606

* PER OSMOSE POLE HAS BEEN STUBBED.

Completed by: (Name and LAN ID):	<u>Date:</u> 08/18/2012	<u>Actual Labor-Hours:</u>
Reviewed by (Name and LAN ID):	<u>Date:</u> / /	

CPUC 4/3/14

 Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 Drum-Rio Oso #1-115kV Imprv TLine Reliab		
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS		INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0			Order# 31016723 Created Notification # 107095948
	COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Pole (0018)		<input checked="" type="checkbox"/> Other (OTHR)	<input checked="" type="checkbox"/> Other (ZOTH)	
USER STATUSES				
<input checked="" type="checkbox"/> RELEASE WORK - RELW <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO				
ETL#: ETL.1420		CREW CLASS:		WORK TYPE CODE:
SAP EQUIPMENT #:		CREW SIZE: 00		671
FUNCTIONAL LOCATION 10055 DRUM-RIO OSO #1 (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0		
PLANNER GROUP: TLN		ANTICIPATED MATERIAL COSTS:		
EXECUTION				
REQUIRED END DATE: 12/31/2015	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV		
LOCATION DATA (OPTIONAL INFORMATION)				
STREET ADDRESS:	CITY:	ZIP (if known): 00000		
DIVISION CODE (LOCATION): SA	COUNTY CODE (PLANT SECTION) 029			
COMPLETION DATES				
REPORTED BY (Name and LAN ID): Marlo Jones (MXHQ)			DATE FOUND (NOTIF DATE): 08/23/2013	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).				
Completed by: (Name and LAN ID):		Date: 08/23/2013	Actual Labor-Hours:	
Reviewed by (Name and LAN ID):		Date: / /		

- NOTIFICATION CREATED TO CHARGE TIME FOR
A CAPITAL PROJECT TO IMPROVE RELIABILITY
TO THE LINE.

CPNC 4/3/14

 Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 DRUM-SUMMIT #1 CORRECT GROUND CLERANCE		
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS		INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety B = Urgt Compliance C = Emergency Restore Service E = Schd Compl Yr 0			Order# Created Notification # 106027940
	F = Schd Compl Yr 1+ G = Maintenance Compliance P = System Repair/Improvement			
COMPONENT TYPE	DAMAGE CODE		CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Other (Describe) (IH10)	<input checked="" type="checkbox"/> Other (CH10)			<input checked="" type="checkbox"/> Other (ZOTH)
USER STATUSES				
<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
REFERENCE INFO				
ETL#: ETL.1440		CREW CLASS:		WORK TYPE CODE:
SAP EQUIPMENT #:		CREW SIZE: 00		400
FUNCTIONAL LOCATION 10057 DRUM-SUMMIT #1 (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0		
PLANNER GROUP: TLN		ANTICIPATED MATERIAL COSTS:		
EXECUTION				
REQUIRED END DATE: 05/01/2013	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV		
LOCATION DATA (OPTIONAL INFORMATION)				
STREET ADDRESS:		CITY:		ZIP (if known): 00000
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION) 029		
COMPLETION DATES				
REPORTED BY (Name and LAN ID): JOHN HANDY			DATE FOUND (NOTIF DATE): 04/24/2012	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).				
* 04/26/2012 15:36:15 Christina L. Dangerfield (CLD9) Phone 916/386-5422				
* PREPARE ESTIMATES TO CORRECT GROUND CLEARANCE ON NERC LINES. * _____				
* 05/13/2013 08:28:08 Christina L. Dangerfield (CLD9) Phone 916/386-5422				
* PER JOHN HANDY JEH6, 5/13/13, CLOSE THIS NOTIFICATION, ESTIMATES HAVE BEEN PREPARED <(>&<>) RELEASED TO CONST SEE PM 30884822. * _____				
Completed by: (Name and LAN ID):		Date: 05/13/2013	Actual Labor-Hours:	
Reviewed by: (Name and LAN ID):		Date: / /		

- NOTIFICATION WAS CREATED ON THIS WECC LINE FOR A CAPITAL PROJECT TO IMPROVE RELIABILITY AND RECONSTRUCT.
- THIS NOTIFICATION WAS CLOSED AND THE WORK WAS CREATED UNDER A CAPITAL PROJECT
- SHOULD HAVE BEEN DELETED NOT CLOSED.



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

DRUM-SUMMIT #2 CORRECT GROUND CLERANCE

INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS		INFORMATION BY QCR UPON	
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0			Order# Created Notification # 106027941	
	COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION	
<input checked="" type="checkbox"/> Other (Describe) (IH10)	<input checked="" type="checkbox"/> Other (CH10)		<input checked="" type="checkbox"/> Other (ZOTH)		
USER STATUSES					
<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFERENCE INFO					
ETL#: ETL.1450	CREW CLASS:			WORK TYPE CODE:	
SAP EQUIPMENT #:	CREW SIZE: 00			400	
FUNCTIONAL LOCATION 10058 DRUM-SUMMIT #2 (LINE NAME):	ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time)				
PLANNER GROUP: TLN	0.0				
ANTICIPATED MATERIAL COSTS:					
EXECUTION					
REQUIRED END DATE: 05/01/2013	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV			
LOCATION DATA (OPTIONAL INFORMATION)					
STREET ADDRESS:	CITY:			ZIP (if known): 00000	
DIVISION CODE (LOCATION): SA	COUNTY CODE (PLANT SECTION)			029	
COMPLETION DATES					
REPORTED By (Name and LAN ID): JOHN HANDY			DATE FOUND (NOTIF DATE): 04/24/2012		
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).					
* 04/26/2012 15:37:01 Christina L. Dangerfield (CLD9) Phone 916/386-5422					
* PREPARE ESTIMATES TO CORRECT GROUND CLEARANCE ON NERC LINES.					
* _____					
* 05/13/2013 08:28:40 Christina L. Dangerfield (CLD9) Phone 916/386-5422					
* PER JOHN HANDY JEH6, 5/13/13, CLOSE THIS NOTIFICATION, ESTIMATES HAVE					
BEEN PREPARED <(>&<>) RELEASED TO CONST SEE PM 30884838.					
* _____					
Completed by: (Name and LAN ID):	Date: 05/13/2013	Actual Labor-Hours:			
Reviewed by: (Name and LAN ID):	Date: / /				

2-27